

Although Cina belongs to the class of remedies which are most important for the Hooping Cough of children and is frequently employed; still, nevertheless, it is never, like some other remedies, the almost exclusive remedy in certain epidemics of this disease, but is only indicated in isolated cases, which present its peculiar symptoms, and especially the symptoms of a worm-affection. For this reason the chief characteristics of this remedy are to be found in the symptoms which precede and follow the attack. It generally so modifies these symptoms, that Drosera is indicated after it.

Conium maculatum.—Powerful, spasmodic, nocturnal paroxysms of Hooping Cough, excited by itching and tickling in the chest and throat or as if by a dry spot in the larynx; at night *without*, in the *day time with* a difficult, bloody-purulent, sometimes hardened expectoration, of a putrid taste and smell.

Aggravations.—At night. When lying down. After lying down. From sour or salt food. From deep inspiration. From loss of fluids. After measles, and scarlatina and during pregnancy. In the case of old people.

Concomitants.—Disposition to weep. Anxiety in the case of pregnant women. Indifference. Pressing headache. Stitches in the vertex. Buzzing in the ears. Heat of the face. Eructations. Nausea during pregnancy. Vomiting of mucus. Distension of the stomach and abdomen after drinking milk. Stitches in the spleen. Soreness in the abdomen. Uterine spasms. Sneezing. Obstruction of the nares in the morning. Attacks of suffocation. Dyspnoea. Oppression of the chest. Stitches in the chest and sternum. Sweat of the palms. Numbness of the hands and feet. Faintness. Pains in the ulcers. Constant chilliness. Evening fever. Sweat during the first sleep.

Applicable only after measles or scarlatina as well as during pregnancy, in the first stage; under other circumstances only in the third stage, when namely a chronic affection of the trachea threatens and the attacks are confined to the night.

Cuprum metallicum.—Hooping Cough in long, uninterrupted paroxysms which last until the breath is completely exhausted, excited by mucus in the trachea, or by spasms in the larynx; in the evening quite dry, in the morning often with a scanty expectoration of mucus with dark blood, of a putrid taste and odor.

Aggravations.—Day and night, in attacks which recur every half hour to two hours. By eating solid food. By inhaling cold air. By deep inspiration. During the North and East winds.* By laughing. By bending the body backwards. By taking cold. (Relieved by a swallow of cold water.)

Concomitants.—*Before* the attacks. Great anxiety. Alternation of gaiety and depression. Chilliness. *During* the attacks. Dizziness with disposition to sink forwards. Creeping in the head. Distortion of the eyes. Pale, sunken face. Blue lips. Frothing at the mouth. Retching. Vomiting of bile and blood. Hiccough. Pain in the stomach and abdomen with anxiety. Whistling respiration. Arrest of respiration. Attacks of suffocation. Constriction of the chest. Palpitation of the heart. Chronic spasms and convulsions, beginning in the fingers and toes. Stiffness and rigidity of the whole body. Trembling cold sweat. *After* the attacks. Headache. Audible gurgling of drink down the œsophagus. Vomiting only of the solid food. Rapid, rattling respiration. Spasmodic asthma. Hoarseness. Rattling of mucus in the chest. Oversensibility of all the senses. Convulsions. Jerkings during sleep.

Cuprum is the chief remedy in one of the most malignant forms of Hooping Cough, which, happily, does not often present itself and which is similar to that for which Veratrum is indicated. The most striking difference between these two remedies, as between Calcarea and Causticum, is in the effect of a swallow of cold water.

* See note to page 411.

Digitalis purp.—Hollow, deep spasmodic cough, excited by roughness and scratching in the roof of the mouth and in the trachea; in the *morning without*, in the *evening with* a scanty, yellow, jelly-like mucus expectorated with difficulty, of a sweetish taste, sometimes with a little dark blood.

Aggravations.—About midnight and about morning. From getting heated. From eating. From drinking cold fluids. From talking. Walking. In the open air. (Very warm air in a room.) On awaking. On bending the body forwards.

Concomitants.—Excessive anxiety. Raving excitement, alternating with melancholy. Disposition to weep. The head sinks backwards. Complexion bluish-pale. Lips blue and thin. Blue tongue. Offensive salivation. Bread tastes bitter. Inclination for bitter food. Vomiting, first of food, then of bile. Nausea, continuing after the vomiting. Feeling of weakness in the stomach. White diarrhœa. Ineffectual desire to pass water. Dyspnœa. Hoarseness early in the morning. Soreness in the chest. Audible palpitation. Pains in the shoulder and in the arm. Coldness of the hands and feet. Swelling of the feet during the day, decreasing at night. Drowsiness during the day, disturbed by attacks of vomiting. Pulse very slow, much accelerated by the slightest motion. Chilliness, with heat and redness of the face. Heat, with cold sweat of the forehead. Heat of one hand and coldness of the other. General sweat. *After* the attacks, the greatest prostration.

A remedy, which seldom presents itself as a candidate for selection, but which is sufficiently well characterized by the concomitant symptoms, to obviate any danger of error.

Drosera rotundifolia.—Violent Hooping Cough in periodically recurring paroxysms (every one to three hours), made up of quickly succeeding, barking or mute coughs, which do not permit the recovery of the breath; excited by tickling and a feeling of dryness or as of soft feathers in the larynx; in the *evening without*, in the *morning with* some-

what of a yellow, generally bitter expectoration which the patient has to swallow.

Aggravations.—In the evening after lying down and yet more after midnight. During repose. When lying in bed. By warmth. By drinking. By tobacco smoke. By laughing, singing, weeping. By getting cold. After measles.

Concomitants.—Anxiety. Fear of ghosts. Dread of being alone. Obstinacy. Getting beside oneself with anger. Protrusion of the eyes. The eyelids are livid. Dryness of the nose. Bleeding from the nose and mouth. Bloody saliva. Face puffed and livid. Heat of the face. Cold sweat of the forehead. Dryness in the fauces, with absence of thirst. Difficult deglutition of solid food. Aversion to pork. Bitter taste of food, especially of bread. Nausea and retching. Vomiting, first of food and then of mucus (at the end of the attack). Vomiting of blood. Vomiting after drinking. Painful constriction of the epigastrium and hypochondrii, compelling to press with the hand. Drawing in of the abdomen (with the vomiting). Constriction in the abdomen. Bloody mucous diarrhœa. The breath is offensive. Dyspnœa. Asthma. Attacks of suffocation. Cannot recover the breath. Gasping for breath. Oppression of the chest, as if from holding back the breath. Dryness and roughness in the larynx and in the trachea. Mucus in the trachea. Constriction of the larynx when talking. Hoarseness. Constriction of the chest. Sticking in the chest. Coldness of the hands. Bruised feeling in the limbs. Sleepiness immediately after sunset. Shivering during repose, even in bed. General sweat.

Among Hooping Cough remedies, *Drosera* holds unquestionably a prominent place and it is suitable in many epidemics. But to give this remedy blindly, in every case of Hooping Cough, without previously taking proper counsel of the symptoms, shows a very imperfect knowledge of the true nature of Homœopathy. By reason of its many alternate effects, a repetition of the dose of *Drosera* without an intercurrent remedy is seldom beneficial. (*Sulphur* and *Veratrum* are the most appropriate intercurrents.)

Dulcamara solanum.—Hooping Cough, excited by excessive secretion of mucus in the larynx and trachea; hence each paroxysm is attended by copious, easy expectoration of tasteless mucus, and often with florid blood.

Aggravations.—At night. By long repose and subsequent exertion. Deep respiration. Talking. Damp cold atmosphere. By taking cold from getting wet. From repercussion of eruptions of various kinds.

Concomitants.—Restlessness and impatience. Rush of blood to the head. Roaring in the ears. Epistaxis with light colored blood. Red cheeks and pale face. Dry, swollen tongue. Difficulty in speaking. Much mucus in the fauces. Salivation. Hunger without appetite. Excessive thirst for cold water. Vomiting of mucus. Mucous diarrhœa. Involuntary discharge of fetid urine. Mucous sediment in the urine. Dry nasal catarrh in a dry atmosphere. The trachea is full of mucus. Hoarseness. Oppression of the chest from accumulation of mucus. Nocturnal palpitation of the heart. Convulsions beginning in the face. Inactivity of the external skin with excessive secretion from the internal mucous membranes and glands. Restless sleep after midnight. Dry heat with burning in the skin. Entire absence of sweat.

Dulcamara is seldom applicable except in cases in which, after the suppression of cutaneous eruptions, or after taking a violent cold, the above described excessive secretion of mucus in internal organs furnishes an indication.

Euphrasia officinal.—Attacks of cough, like Hooping Cough, excited by copious, flat-tasting, watery mucus, sometimes streaked with blood, in the chest and throat, which it is difficult to dislodge and which can be expectorated only in the morning.

Aggravations.—The cough occurs almost exclusively in the day—not at night; but the general condition is worse in the evening. On awaking from sleep. In repose. On lying down. When lying in bed. When sitting and standing.

From deep respiration. From talking. From tobacco and other smoke. From wind.

Concomitants.—Introverted quiet. Aversion to speaking. Vertigo. Heaviness and dullness of the head. Inflammation of the eyes, with acrid, biting tears and photophobia. Soreness of the nostrils. Stiffness of the upper lip. Stammering and difficulty in speaking. Gurgling upwards in the throat. Nausea. Copious discharge of watery urine. Coryza, with acrid, watery discharge. The breath stops. Want of breath. Dyspnœa. Short breath. Numbness of the fingers and legs. Trembling of the limbs. Early waking (about three o'clock). General sweat. Night sweat.

This, little used (and little known), remedy which is similar in many respects to the preceding one, is yet distinct enough through the acrid watery nature of its secretions (those of Dulcamara being always bland), as well as by several other symptoms indicated above.

Ferrum metallicum.—Spasmodic cough, excited by tickling in the trachea; in the *evening without*, in the *morning with* a blood-streaked purulent or albumen-like, slimy, sometimes frothy or greenish expectoration of a sweetish-putrid or a sourish taste.

Aggravations.—In the evening until midnight; during this period the sputa are not dislodged, but in the day time, during motion, they become loosened. By repose. By sitting and lying. By exertion; eating and drinking; (motion and walking in the open air). Loss of fluids. Abuse of tea or of China. Use of brandy. Tobacco smoke.

Concomitants.—Anxiety, like anguish of conscience. On alternate evenings, excessive gaiety and sadness. Headache in the occiput. Throbbing headache. Epistaxis. Paleness of the face and lips. Puffiness around the eyes. No appetite for anything but bread and butter. Sour vomiting of food, relieved at once by eating. Vomiting about midnight. Oppression of the stomach each time after eating and drinking. Contraction in the epigastrium. Flatulent colic, at night.

Undigested diarrhoea. The breath is hot. Want of breath and constriction of the chest. At the end of a coughing-fit the breath fails. Roughness of the larynx. Hoarseness. Sticking and bruised sensation in the chest. Constricting spasm of the chest. Feeling of dryness in the chest. Pressure superiorly upon the sternum. Swelling of the hands and feet. Cold feet. Rapid emaciation. Great debility. Constant desire to lie down. Restless sleep, with anxious toss. Exhausting sweat.

Seldom applicable for children, but all the more frequently for drinkers of brandy, or for persons who have taken much China or have been accustomed to the excessive use of tea.

Hepar sulphuris calcareum.—Attacks of deep, dull, whistling Hooping Cough, excited by tickling in the larynx which feels as if it were caused by down; in the evening *without*, in the morning *with* expectoration of masses of mucus which are often purulent and bloody, and have generally a *sour* but sometimes a *sweet* taste, and, in the latter case, an offensive odor.

Aggravations.—Evening until midnight. Becoming cold even in one extremity only. Eating or drinking anything cold. Cold air. East and North wind.* Lying in bed. Talking. Weeping. Tobacco smoke.

Concomitants.—Great anxiety. Disposition to weep and actual weeping (also after the attack). Irritability with hasty speech. Vertigo from shaking the head. Roaring in the head. A pressing outwards in the forehead. Protruding eyes. Weeping of the inflamed eyes. Heat of the face with redness. Shocks in the malar bone. Sticking in the fauces as if from a splinter. Much thirst. Nausea. Retching. Vomiting. Tickling in the epigastrium. Burning in the stomach. Contraction in the abdomen. Sour smelling diarrhoea. Red and hot urine. Sneezing (also after the attack). Anxious,

* See note to page 411.

whistling respiration. Attacks of suffocation compelling to assume the upright posture and to bend backwards. Rattling in the trachea. Sensibility of the larynx to cold air. Pains in one spot of the larynx. Roughness in the throat. Hoarseness. Swelling below the larynx. Throbbing of the carotids. Shattering shocks and soreness in the chest. Rattling in the chest. Weakness in the chest, which makes speaking difficult. Numbness of the fingers. Swelling about the ankles. Profound sleep with head thrown back. Starting up out of sleep. Chilliness in the day time in the open air. Dry heat at night, with dread of being uncovered. Copious sour sweat.

The form of Hooping Cough to which Hepar corresponds, and which may easily prove fatal in the space of even a few days, reminds one, in a general way, of the croup of children which is wont to prevail at the same time. It was never observed until within a few years and happily is not frequently met with. It is always cured by this remedy. The catarrhal cough which sometimes remains as a sequela is met by Belladonna, or less frequently by Nux vom.

Hyoscyamus niger.—Shattering, spasmodic Hooping Cough, with frequent, rapidly succeeding coughs; excited by a tickling as if from mucus firmly seated in the trachea; at night *without*, in the day time *with* expectoration of a somewhat saltish mucus or of a bright red blood mixed with coagula.

Aggravations.—At night, especially after midnight. In repose. When lying down (relieved by sitting up). During sleep. By cold air. By taking cold. By eating and especially by drinking. During and after measles and scarlatina.

Concomitants.—Anxious apprehensions. Disposition to escape. Loquacious, quarrelsome. Laughing at every thing. Vertigo as if from drunkenness. Rush of blood to the head. Stitches in the forehead. The head sinks on this side and on that. The eyes protrude and are distorted. Epistaxis consisting of bright red blood. Livid, puffed face. Heat and red-

ness of the face. Flow of saltish saliva. Froth at the mouth. Ability to swallow liquid only with difficulty and a little at a time with violent thirst. Vomiting of food or of bloody mucus. Retching. Painful distension of the abdomen. Soreness in the abdominal muscles. Involuntary discharge of fæces and urine. Dyspnœa. Catching, rattling or wheezing respiration. Loss of breath as after rapid running. Husky voice, as from mucus in the throat. Spasm of the chest, compelling to bend forwards. Soreness in the thoracic muscles. Trembling of the arms and hands. Coldness of the hands and feet. Convulsions. Sleeplessness. Distended veins. Coldness, with heat of the face. Coldness, alternating with heat. Sweat during the sleep.

Hyoscyamus, as is well known, is a remedy closely allied to Belladonna; but it is easily distinguished from it by the symptoms just cited. In Hooping Coughs, not only of children but also of adults, it is more frequently indicated than Belladonna.

Ignatia amara.—Hollow spasmodic cough, excited, in the *evening*, by an irritation in the supra-sternal fossa, as if from vapor of Sulphur or from down, and, in the *morning*, by a tickling just above the epigastrium; generally without expectoration; only in the evening, accompanied by scanty and difficult sputa, which taste and smell like the secretions of a chronic catarrh.

Aggravations.—Day and night about the same, somewhat aggravated in the evening. By the very act of coughing (relieved by suppressing the coughs). By lying in bed (relieved by changing position in bed). By lying down. By rising from the bed. By standing still. When walking. On awaking. By mental exertion. Speaking. Vexation with grief. Fright. Measles. Brandy. Tobacco smoke.

Concomitants.—Vaccillating humor. Suppressed grief. Desire to be always alone. Disposition to weep. Dread of labor. Pressing headache. Bending the head backwards.

Changing complexion. Sweat of the face. Sticking sore throat, relieved by swallowing food. Sensation as if a foreign body were in the throat. Hiccough after a meal. Vomiting of food. Feeling of emptiness and weakness in the epigastrium. Fullness and distension in the hypochondria. Spasms in the abdomen. Involuntary discharge of urine. Pains in the penis. Fluent coryza. Alternating perspiration. Dyspnœa and attacks of suffocation. Deep respiration. Slow inspiration and rapid expiration. Soreness in the larynx. Tearing and contraction in the larynx. Pains in the whole trachea. Low voice. The chest feels as if too small. Palpitation of the heart. Opisthotonus. Jerkings in the arms, fingers and legs. Uncommon alternation in all the symptoms. Spasmodic yawning. Sleep after the paroxysms. External cold with internal heat and the contrary, quickly alternating.

The Hooping Cough for which Ignatia is appropriate seldom or never presents itself from the very beginning in the form described; but generally develops itself, as such, in the course of the disease under the influence of silent vexation, grief or shame, in which cases this remedy brings so much the more certainly a speedy recovery.

Iodium.—Spasmodic cough, excited by intolerable tickling in the larynx and in the supra-sternal fossa; in the *morning without*, in the *evening with* (frequently copious) tenacious, yellow, or bloody mucous expectoration.

Aggravations.—In the morning. By vexation; motion; walking; going up stairs; talking; lying upon the back; warm air; by getting heated; by tobacco smoke.

Concomitants.—Anxiety. Melancholy depression. Rush of blood to the head. Yellowness of the whites of the eyes. Epistaxis. Earthy-colored, brownish complexion. Teeth yellow and shiny. Inflammation of the fauces. Difficult deglutition. Salivation. Canine hunger. Great thirst. Water-brash. Nausea and retching. Vomiting of food renewed at every meal. Pain of the stomach and liver. Painful swelling of the spleen. Swelling of the mesenteric glands. Nasal

catarrh, dry in the morning, fluent in the evening. Want of breath. Dyspnœa. Hoarseness. Inflammation of the larynx and trachea. Burning and tickling in the throat. External swelling of the throat and of the thyroid body. Burning, itching and tickling in the chest. Violent palpitation. Cold sweat of the hands. Excoriating sweat of the feet. Orgasms of the blood. Emaciation, but nevertheless a good appetite. Great weakness and sense of prostration. Trembling of the limbs. Swelling and induration of the glands. Dry, dirty skin.

This remedy is so much the more rarely applicable, inasmuch as it is in its various preparations, a darling remedy of the Allopaths. Nevertheless, even in cases in which it has been already given by them, provided always it is exactly indicated, the high potencies of pure Iodine exert an extremely beneficial action.

HOMŒOPATHIC TOCOLOGY.

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(Concluded from page 341.)

32. But, suppose, the malpresentation could not have been corrected in the one or the other case of the 1.3 to 3.4 per cent. of all cases, what then?

When coming to this point, the Allopathician at once looks for his armamentarium, and revolves in his mind all the many bloody operations which have been devised and invented, to destroy the child, for the purpose of saving the mother, if there is no other chance left.

We are aware, that here arises a formidable responsibility. The danger from presentation of the superior extremities for mother and child is obvious, and especially so, when compared with the limited and inadequate means at the command of the allopathic school.

It must be admitted, that there is some courage, strength,

and boldness in the allopathic treatment which, by general custom, and under the sanction of the school, shrinks not from endangering the mother and the child, nor from destroying the child, under the pretext, that there is no other means of saving the mother, nor, alas, from sacrificing them both, *lege artis*.

But would it not be well, if this boldness, strength, and courage would raise the brain rather than the arm? Would it not be better if, instead of relying on brute force and cunning, we should trust to the powers of nature combined with a judicious support of the same, as was done and indoctrinated by Hahnemann and his true followers?

If we could but know the untold psychological processes going on in the mind of many an experienced obstetrician, full of desire to render helpful assistance in such trying circumstances, how deeply should we sympathize with him, and how earnestly desire to help *him* out of his perplexities, growing out of the inefficiency of allopathic treatment. He, if a kind-hearted man, will, in such straits, trust to the never-failing forces of nature more than to the drugs and manipulations of his school, and if doing so, he will find relief in his mind by the probability of the greatest success possible.

The following cases prove conclusively, at the same time the insufficiency of allopathic treatment and the sufficiency and competency of nature for arduous tocological processes:

a. Case of *Spontaneous Cephalic Version*, by VELPEAU. "A young woman, pregnant for the second time, came into the hospital at ten o'clock in the morning. The os uteri was little dilated; nevertheless, I could recognize a second position of the left shoulder. The waters did not escape until three, p.m. At eight, p.m., the shoulder had sensibly moved towards the left iliac fossa, and I could then readily detect the ear at the right. At eleven, p.m., the temple had almost gained the centre of the orifice; the contractions were augmented in energy; and the cervix was entirely effaced. At midnight the vertex had become lower; the head engaged, and in the course of an hour the vertex was delivered."

b. Case of *spontaneous cephalic version*, by RICHARDSON. *Medical and Surgical Reporter*, Vol. XII., p. 39: "Mary Ann Burke, born in Ireland, aged 23 years, was admitted to the hospital, October 25th, 1858. On Friday preceding her admission, while at work, she received an accidental blow over the uterus, which ruptured the membranes and produced the entire discharge of the liquor amnii. The patient was not at term by several weeks. During Friday, Saturday and Sunday, her sufferings were very great. On Monday, as above stated, she was admitted into the hospital, having been conveyed there in a carriage. She was taken to the obstetrical ward without delay and placed in bed. Making an examination per vaginam, I found an elbow presenting; but owing to the rigid contraction of the os uteri about the arm, made no attempt to correct the presentation. The uterine contractions soon became rapid and vigorous. On making a second examination, I discovered the right hand protruding through the external organs. The position being the first of the right shoulder.

"About two hours subsequent to the first examination, the os was patulous and the vagina relaxed and moist. Deeming this an appropriate time to interpose, I endeavored to make version by the feet, but finding the uterus so sensitive as to contract energetically upon the slightest touch, was obliged to desist. In the hope of obviating the malpresentation, I exhorted the woman not to bear down, and she endeavored to obey the injunction, but without avail. The uterus continued to contract rapidly. Fearing laceration, I introduced my hand, determined to make the most eligible change in the position of which the case would admit. Much to my relief and gratification, I found the child's arm had receded into the uterus, the vertex having engaged. In the course of an hour and a half the child was ushered into the world, the head being first born, making evidently a case of spontaneous version by the vertex.

"The fœtus weighed five pounds, was still-born, having been dead apparently several days. The patient convalesced

happily, being able to resume her usual vocations in about ten days. This was her second accouchment, the first child having also been born dead. It may not be uninteresting to state, that the whole time occupied in the above process, from the putting to bed of the patient until the delivery, was about five hours."

c. Case of *spontaneous cephalic version*, by WALKER, *Western Homœopathic Observer*, Vol. II., p. 3.

"Mrs. H., married and the mother of two children, was seized with labor-pains at full term on the morning of Saturday, October 22, 1864, and was attended by a midwife. The case progressed without any untoward symptom until three, p.m., when the waters broke, and the midwife discovering the hand drew it down, and with all her 'might and main' endeavored to deliver by traction upon the arm. At six o'clock, three hours after the rupture of the membranes, Dr. Vastine, an experienced practitioner of thirty-five years standing, was summoned. The hand and wrist were outside of the vulva, and at least twelve inches of the cord prolapsed. For three hours he made every effort to turn and deliver by the feet. The contractions of the uterus were most powerful, so that rupture of the womb seemed eminent. A mixture of chloroform and ether was administered, and under its influence repeated efforts to turn signally failed.

"He now deemed it best to eviscerate and force delivery, and for that purpose came to request my assistance. During his absence the midwife again essayed to deliver by drawing down the arm, which had been pushed up and pulling upon it. At ten o'clock, p.m., I arrived, and after a careful exploration, found the right shoulder and arm presenting, with the *head in the right iliac fossa, the back of the child pressing the spine of the mother, and the head so rotated that its chin was in close proximity to the left shoulder.* The occiput could be felt upon the extreme right. The cord was still prolapsed to the extent of a foot or more.

"As there was still pulsation in the cord, and the doctor deeming it altogether impracticable to turn at that stage, and