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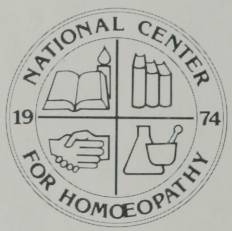

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A

HOMŒOPATHIC TREATISE

ON THE

DISEASES OF CHILDREN.

BY

ALPH. TESTE,

DOCTOR IN MEDICINE; MEMBER OF SEVERAL LEARNED SOCIETIES, ETC.

TRANSLATED FROM THE FRENCH

BY

EMMA H. CÔTÉ.

FOURTH EDITION.

REVISED BY J. H. PULTE, M.D.

AUTHOR OF "HOMŒOPATHIC DOMESTIC PHYSICIAN," "WOMAN'S MEDICAL GUIDE," ETC.

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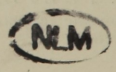

PREFACE BY THE TRANSLATOR.

The motives which originally prompted the composition of the present work, as stated by its Author, are also those which incited its translation. It was then the only work in Homœopathy, upon the Diseases of Children, and it is now first rendered available to a large portion of the world, by being presented in the language of this country.

The incentives, indeed, to its translation, had become even higher than those which were, at first, professionally deemed warrantable for its publication. Its value had been proved. It had survived the assaults of opposition, and become crowned with the clustering laurels of triumphant merit. The intrusive novelty of the greater part of its numerous therapeutic indications, and the unlicensed independence of its attitude, aroused the usual armed resistance to its admission within the guarded portals of science, notwithstanding the many humiliations incurred by proscriptive orthodoxy, in the history of Homœopathic discovery.

The inveterate objection was, that the author's startling innovations upon established opinions, were predicated solely upon his individual experience, unsanctioned by that of older and higher authorities; as if this were not almost necessarily the case with every original contribution to knowledge; and as though

such primary precognitions could be determined, in general practice, before they were made known !

It was in vain that he had diligently explored the voluminous records of juvenile disease, accumulated both in the capital and in the provinces of France; in vain that he had pursued his investigations, for a period of five years, in a professional position so enviably favorable to multitudinous and reliable results. None of these considerations could be admitted in extenuation of his heretical transgressions.

But it is one of the highest functions of time to vindicate the patience of truth. This author is now esteemed by many of the most eminent Homœopathic therapeutists and practitioners of this continent and Europe, as a brilliant exemplar of enlightened and untrammeled advancement in their science.

It was at the urgent solicitation of several of these candid and competent physicians, who had fully verified many of the author's new remedies, over an ample field of observation, that the translator commenced the task she has here performed. Such personal incitements, however, would scarcely have sufficed to induce an undertaking so unusual and adventurous, in one of her unprofessional sex, but for those urgent impulses of humanity toward the infantine misery and mortality of our race, in which, that sex may claim at least, an equal participation with the other.

The grand cycle of alternate production and destruction which perpetually controls the whole sphere of terrestrial being, as the only obvious economy of nature, seems to concentrate its intensest action upon the infancy of the human family. And it is among the loftiest mysteries of Divine government, and more

suggestive, perhaps, than any other, of some compensatory progress of mind in a future state, that so vast a numerical majority of the human race should so continually perish in the mental and organic immaturity of their existence, and in the acutest agonies of disease. But it is, apparently, at the same time, one of the most providential mitigations of that destiny, that an improved system of medicine has at length been discovered, which, to say the least, no longer artificially multiplies the number of these gentle victims, nor aggravates their sufferings.

It has ever been one of the most flagrant reproaches of the Allopathic system, that its violent and repulsive remedies should be so barbarously inapposite to the peculiar sensibilities of childhood. Drugs, so revolting in smell, taste, and quantity, and so inevitably productive of derangement and prostration, in the strongest constitutions, as to severely test the resolution even of adults, have to be forced, by manual cruelty, upon the convulsive repugnance of helpless infants, with the certainty of introducing new distresses, purely medicinal.

It is, therefore, with a maternal sister's liveliest sympathies, that this approved Homœopathic Treatise on the ACUTE AND CHRONIC DISEASES OF CHILDREN, is presented to the anguished mothers of America and England. To those heart-wrung watchers of infant suffering, whose yearning hopes and wailing fears have hitherto obtained but slight relief from medicinal resources, the new information furnished in this volume, may restore many a cherished bud, rescued from blight and death to expand in bloom and beauty amid the sunshine of domestic joy

To professional and literary readers, this Translation is submitted with the deference and diffidence becoming its feminine source.

For the too obvious literality and versional inelegance of the more technical portions, she can only plead her paramount concern for perspicuity and accuracy, at whatever sacrifice of the graces of style; and, from all readers of critical discernment, she courts that liberal consideration which she cannot believe will be ungenerously withheld.

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NOTE.

As the term *ounce* and *ounces* of water has been used in different formulæ in this book, it may be necessary, for the benefit of persons unused to this mode of measuring fluids, to state that, a fluid ounce is equal, in quantity, to two tablespoonfuls.

PREFACE TO THE SECOND EDITION.

The first appearance of Dr. Testé's work on the Diseases of Children, created quite a lively attention among the practitioners of Homœopathy. Many of his therapeutical propositions were entirely new, and seemingly unwarranted by a close reference to the pathogenesis of the proposed remedies; the distrust and suspicion, therefore, with which at first the profession regarded them, were just and excusable. But these were soon dispelled by frequent and successful trials on the sick, and some of them have proved to be exceedingly efficacious.

Though we may not agree with Dr. Testé in all his propositions, as we certainly do not in many of his pathological views, yet we cheerfully admit that by his singular method in arriving at therapeutical conclusions, he has opened a new and easier way of selecting the proper and specific remedy. In the Pneumonia of children, for instance, which is mostly complicated with hepatic congestion, he precedes the application of *pulsatilla* and *spongia*, which he considers specific, by that of *chelidonium*, which has a specific relation to hepatic disorders. This method seems to shorten the attack very considerably, as I had frequent occasion to observe. The application of *chelidonium* would generally be followed by the peculiar greenish discharges characteristic of liver-affection.

In croup, on the contrary, his *ipecac* and *bryonia* is only efficacious in its catarrhal form, not in the inflammatory, where I still was obliged to exhibit the formerly known remedies. In a like manner does his *ipecac* and *petroleum* relieve only the catarrhal dysentery, not the bilious inflammatory or typhous. In many other cases he is deficient in pathological distinctions; his generalizations are too sweeping, and may induce the heedless to condemn them on the first unsuccessful trial. Yet these faults are outweighed by much that is good.

At this day, I should think, no Homœopathist would like to dispense with the aid he may derive in his practice from consulting Dr. Testé's suggestions.

It is hoped, however, that the present work will receive, as it certainly deserves, a thorough revision and greater completeness, particularly in its pathology, which should be accomplished by the distinguished author himself.

As this is not yet done, the American publisher contented himself to issue the second edition with such revisions and notes by the undersigned, as slight alterations of the plates would permit, without increasing the cost of the book.

J. H. PULTE, M. D.

CINCINNATI, May, 1857.

INTRODUCTION

SECTION I.

WHAT HOMŒOPATHY IS

Samuel Hahnemann, to whom we are indebted for the fundamental laws of Homœopathy, is, notwithstanding the insults, that folly and ignorance still offer to his memory, one of the finest geniuses the world has produced

Among all the benefactors of humanity, no one, perhaps, has a larger claim upon its gratitude. We may safely predict that his reputation will increase with time, and that generations yet unborn will bless his name.

Sixty years have passed since Homœopathy made its appearance in the world. In consequence of the obstacles which, in the beginning, it encountered from the folly of some, and the envy of others, its progress was at first slow; it shared, in this respect, the fate of all great discoveries. At present, however, it has ceased to be a novelty; no medical school counts more adherents. It is practiced in all civilized

countries; it has its representatives in Turkey, in India, in the two Americas, its dispensaries and its hospitals in most of the capitals of Europe. The books which treat of it would already fill libraries. These works, many of which testify to the great mental superiority of their authors, possess this remarkable feature in contrast with the medical books of the Old School, that they are all devoted to the development of the same principle. It is in fact the unity and invariability of this principle which constitutes the strength of Homœopathy, and which so forcibly distinguishes it from those deceptive utopias which, under the usurped name of medical science, have reigned in the schools from Empedocles to Broussais; that is to say, for more than twenty centuries.

The history of medicine, during this long period, is a *compendium* of all the dreams, all the extravagances, and all the absurdities which it is possible for the human mind to elaborate, when it strays without an axiom in the domains of abstraction.

To judge it by its history, we must believe that, the medical art, which ceased to be anything when it endeavored to become a science, claimed always to ally itself to metaphysics. If by this ambitious alliance, it escaped the inconvenience of remaining within reach of the vulgar, it incurred the still greater one of losing itself in the clouds.

This strange substitution of sophistry for the pure and simple observation of nature, has its root in an

almost invincible tendency of the human mind. "Man," says Broussais, "is tormented by a desire to know the first cause of what he sees, and when the impossibility of discovering it is demonstrated to him he takes refuge in a supposition."*

We need not then be too much astonished if, from the most remote ages, physicians *supposed* the first causes of diseases; and if, this first step made, proceeding from hypothesis to hypothesis, they have *supposed* even to the virtues of the remedies they prescribed.

The exposition of the system of Galen, whose sterile branches reach even to the present generation, is a summary of all the systems which have succeeded each other, from the infancy of rationalism down to the too famous so-called *Physiological School.* Abstractions of the closet, chimerical hypothesis, fantastical intervention of *three spirits* and *four humors*, whose harmony produces health, and disagreement disease; mysterious connection of these spirits and these humors with the four elements of Aristotle; in short, empiric expedients taken at hazard, to equalize, correct and purify at need, these imaginary principles: such was humorism in its cradle, and such the humoralism which was the favorite practice of our ancestors, and of which the grossest errors are perpetuated in the medical practice of the present day.

Thank Heaven, Homœopathy has nothing in com-

* Examen des Doctrines Médicales, tome 1, page 9.

mon with these fatal extravagances which have so long made medicine a subject of laughter to the philosopher and of deception and dread to mankind in general.

Homœopathy is not a creation, but a discovery.

It is not a system, but a method.

It has no other theory than the logic of facts; no other principle than a certain law of nature, as evident as an axiom in geometry — as certain as gravitation and the rotation of the earth.

If the honor of being the first to signalize this law, whose incidental manifestation had struck from time to time some of his predecessors, may be contested with Hahnemann, his glory, his great glory consists in having proved that it was not an exceptional phenomenon, as was believed before him, but a general and constant physiological fact.

We shall consecrate the second paragraph of this introduction to the examination of this axiom of modern medicine.

SECTION II.

SIMILIA SIMILIBUS CURANTUR.

As we have before observed, the system of Galen served as a model to all succeeding writers. In studying them, in fact, we may remark, that the object aimed at by all of them was to reduce to a certain number of entities, or, if you will, to connect with a limited number of morbid agents, material or dynamic, the diseases, so numerous and so dissimilar, to which man is exposed; then, to oppose to each of these entities, or to each of these morbid agents, a group more or less heterogeneous of therapeutic means. Thence two orders of artificial, arbitrary, forced, unnatural classifications: classification of diseases — classification of remedies.

Let us first observe, that between these conventional diseases and the remedies to be opposed to them, no one thought of seeking to establish any relation. The idea of *specific* remedies was incompatible with the spirit of the system; so that no suggestion of this idea appears until toward the close of the middle ages; that is to say, until the epoch when empiricism succeeded in stifling in its brutal grasp an art false from the beginning, and which, notwithstanding its old scientific pretensions, was still more worthless

and more dangerous than empiricism itself. But let us consider things in their origin.

The first elements of therapeutics were a deduction from the precepts of hygiene. As this considered health an equilibrium resulting from the reciprocal neutralization of certain opposite forces in the economy, the first pathologists believed themselves wisely imitating nature in provoking artificially, against the abnormal and excessive tendency of a function at a certain time, a tendency equally excessive, of the same function, in an opposite direction. Thence, naturally, the dogmatic inclination for all the contrasts, whether physiological, or purely physical, which it was possible to obtain. The corrective of cold was heat; of humidity, dryness; of satiety, abstinence, etc. More abstract considerations did not fail to give rise to new oppositions. The error of the hygienic precepts, generalized by the successors of Hippocrates, was especially in assimilating the living economy to inert matter, and in eliminating theoretically the power of reaction against the external world, which characterizes animal existence, and whose character is such that the same physical causes have almost always upon organic and inorganic being, very dissimilar results. But if, as we begin obscurely to foresee, the harmlessness of these precepts was already very questionable, conceive what medical practice must become, when, to imaginary morbid principles, they ventured to oppose as *contraries* remedies absolutely unknown!

However, this fatal doctrine of contraries, invented by Galen, seduced away even the finest minds, which then exhausted themselves in vain endeavors to enlighten the chaos of medical art.

Points of departure the most opposite did not hinder its advocates from meeting, almost by fatality, upon this field of fiction, there to labor in the idle search of those abstractions which, under different names, form the basis of the vitalism of Stahl, as well as of the materialistic systems of Brown, of Rasori, and of Broussais.

The theory of contraries is then the common tie of all the medical doctrines anterior to Homœopathy. Let the falseness of this theory be demonstrated and all the systems of which it is the key-stone will crumble at once.

This is what we shall endeavor to do, and this labor of analysis will cost us no great effort.

To cure a disease by means capable of producing in the patient attacked with it, a pathological condition *contrary* to that which it presents: such is the fundamental law of the theories of the Galenists, in other words, the ideal end of all the schools of medicine from Grecian antiquity down to the present day. But the theory of *contraries* necessarily supposes between two things certain relations of form or substance, implying, so to speak, a sort of negative similitude, without which, all comparison becoming impossible, there is nothing for the mind to seize upon. In metaphy-

sics, for example, affirmation and negation are contrary things, when relating either to two abstractions of the same category, or to two perceptions exercised by the same sense.

Thus, to the eyes, light is the contrary of darkness, as sound, to the ears, is the contrary of silence. We understand in the same manner, by analogy, but without prejudging, lest we err with regard to the nature of the phenomena, that cold is the contrary of heat; dryness, the contrary of humidity; hunger, the contrary of satiety. In being but purely relative to our senses, these dychotomies are not on that account the less legitimate, since, after all, the abstractions which they place in contrast have always for each couple identity of substance. But is health then the contrary of disease? No! for if, in an abstract and general sense, which represents nothing obvious to the senses, it be so considered, it is by no means the contrary of any definable disease. The contrary of a disease is another disease, at the same time analogous and identically dissimilar to the first. What a problem, just Heaven! Who had ever wittingly the temerity to state it, and above all, the pretension to solve it!

I admit in all strictness and concede, for the moment, to the system-makers, the truth of their hypothesis; that bleeding is the contrary of hyperæmia; leeching the contrary of a local inflammation; a purgative the contrary of the inertia of the intestines; but the contrary of variola, of psoriasis, of cancer, of tubercles, of

herpes, of syphilis, of hysteria, of chorea, of epilepsy, etc., etc. Who has seen it? Who knows it? Who can conceive it? Who has a mind acute, and inventive enough to represent it?

The doctrine of contraries is then without foundation. It is but a monstrous vagary, of which routine has propagated the dogmas—of which humanity has borne the terrible effects—and of which physicians themselves have not seldom deplored the emptiness. "Medicine does not advance," says Van Helmont, "it turns upon its axis." And the celebrated Boerhaave, still more pointedly asked himself, in a moment of doubt and discouragement, if it would not have been better for humanity if there had never been a physician in the world.*

Nevertheless, empiricism, that is to say, chance, had from the most remote antiquity sown the germs of a doctrine opposed to that of contraries, which only waited the appearance of a man of genius to be fecundated.

It is twenty-two centuries since Democritus wrote to Hippocrates: "Hellebore, which restores reason to the insane, produces derangement in the healthy." Hippocrates himself had said: "Vomiting is cured by vomiting."

These two propositions, put forth by the two greatest physicians of antiquity, contained the most

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* Boerh. Instit. Medic., page 401.

complete contradiction to all received ideas which it is possible to imagine.

Later, the popular observation of facts analogous to the singular curative virtues of hellebore and of emetics, propagated certain practices of which the experience of centuries only confirms the efficacy.

Everybody knows, for example, that the best means of alleviating the pain caused by a superficial burn, is to hold near the fire the burned part; while this pain, momentarily suspended by immersion in cold water, is reproduced with increased intensity as soon as the immersion is discontinued.

Everybody knows also, that frictions with snow are, so to speak, specific for freezing, in cases where the contrary influence of heat would have no other result than to produce gangrene.

But by the side of these striking facts, empiricism, which, without suspecting it, undermines all systems, hatched other facts still more conclusive. They saw purgatives arrest diarrhea, that rationalism, at the end of its resources, had abandoned. They saw opium, on the contrary, that they had cried up against diarrhea, triumph over constipation, which the use of purgatives had greatly augmented.

These apparent singularities were so often repeated, that it was at length admitted that the greater part of purgative substances, at least, contained contradictory properties, and produced, successively, two orders of phenomena; first, the *primary effect*, augmentation of

the peristaltic action, and of the intestinal secretions; the other, *secondary effect*, dryness and inertia of the intestines; so that we need not be surprised to find, in ancient treatises upon medical substances, the same substance, rhubarb for example, figuring at the same time in the class of purgatives and in the class of tonics.

This succession of contrary effects, generally established in regard to purgatives, is by no means a mode of action peculiar to this species of remedies. With closer attention, and above all, with fewer prejudices, physicians would have had no difficulty in understanding that all medicines, without exception, are subject to the same law; and this first observation would infallibly have led them to verify that other capital point, that the *primary effect* of medicines, upon which turns the whole system of therapeutics, hardly ever constitutes more than a crisis of short duration, and generally insignificant results; while the *secondary effect*, of which little notice was taken, persists for a long time, and in reality represents the virtues and final action of the remedies.

Thus it is easy to comprehend, that the generalization of such observations upon the double action of therapeutic agents, would have had the immediate result of completely overturning the reigning theories. But matters were not yet ripe for such a revolution.

However, this was very nearly accomplished in the sixteenth century, under the auspices of a wonder-worker.

Paracelsus, a sort of visionary and pseudo-savant—inventor of the famous doctrine of sympathies, and of the sympathetic ointment, and especially a great seeker after the *real*—Paracelsus discovered, one day, in one of the ingredients of a combination which, according to him, ought to produce the philosopher's stone, a marvelous remedy for one of the most dreadful diseases known. The remedy had this peculiarity, that it cured without provoking either purgation, sweat, diuresis, or any other species of trouble, apparent in the functions of the organism. This remedy was *mercury*, and the disease it cured, was *syphilis*.

The discovery of this fortunate employment of mercury, the insensible, silent, and as it were, secret manner, in which this precious medicine acted; in short, and above all, the speciality of the cases in which it proved itself salutary, opened evidently new views of therapeutics.

The great problem of *specifics*, so long laid down by empiricism, had finally, for one disease at least, received a solution. The doctrine of specifics, in a word, ceased to be a dream, to become an unquestionable reality. The whole future of medicine was contained in this; but unfortunately no one thought of seeking the *laws* of specifics. It was still necessary, as in the past, to trust to chance, and grope along in the search for specifics; and, as chance is a bad guide, a blind, a dumb guide—the more dumb the more you interrogate it—it happened that several centuries passed

before another medicinal substance was discovered to take rank by the side of mercury.

At last, however, quinine appeared, to double the number of specifics.

It was asserted that quinine * cured intermittent fever, in the same manner that mercury cured syphilis; that is to say, without causing any of those violent perturbations that all other medicines produced, and from the nature of which were inferred the dominant quality and generic denomination of each.

Quinine provoking neither vomiting, purgation, urine, sweat, nor sleep, was not then an emetic, or purgative, a diuretic, sudorific, or narcotic; for the grand reason that it was bitter, and under the not less specious pretext that it *tanned* the gastric fluid, as the bark

* The Allopathic physicians include iron, also, in the number of their specifics. Let it be so—they have then three. What wealth! And what a proof of the fecundity of clinical experience! Three specifics in two thousand years! And yet, it is well to observe that specificity, in the absolute sense, as understood by Allopathy, is really but a gross and lying fiction. There really exist specific remedies against such or such a group of definite symptoms, (we employ no others); but from the moment that these symptoms are absent, or no longer exist, the specificity ceases, and the remedy no longer cures, although the disease still exists and has not changed its name. This is equivalent to saying, that it is almost always necessary to have recourse to the employment, successively, of several specifics to cure one disease. This is the reason that Allopathists, who for the most part do not suspect these facts, see so often, what never fails to astonish them, mercury fail in syphilis; quinine, in intermittent fever, and iron, in chlorosis.

of the oak did leather, they made it a tonic. But this silly denomination, while deceiving practitioners upon the real effects of quinine, was very far from explaining to them how it cured fever. In spite of the persistence and the sophisms of the classifiers, Peruvian bark remained simply and purely a *febrifuge*, as mercury was an *anti-syphilitic*. That is to say, that they admitted only as primordial facts, that quinine cured fever, and mercury, syphilis. But why did quinine cure fever? why did mercury cure syphilis? The science of the most skillful was silent upon this point.

But this terrible *why?*—a stumbling-block to the doctrine of contraries—was destined to become the very corner-stone of an opposite doctrine; that is to say, the supreme law of true medicine.

We borrow from the excellent works of M. Auguste Rapou, the interesting history of this great discovery:

"Tired of the errors of the practice, the vagueness and insufficiency of the precepts of the schools, this celebrated reformer, (Hahnemann,) had abandoned the exercise of the art, in order to devote himself entirely to the labors of the closet. One day, occupied in translating the materia medica of Cullen, at the chapter on quinine, he was struck with the numerous and contradictory therapeutic properties attributed, without criticism, to this remedy, and the various hypotheses, more or less singular, to explain its antifebrile action. Then, in one of those sudden inspirations of which the history of great discoveries offers some

examples, "Let us cut the knot," he exclaimed, "I will try quinine upon myself, and observe its effects." He took a strong decoction of this bark, and was attacked with an intermittent fever, accompanied by its premonitory symptoms, and by its three stages of cold, heat, and sweat. To argue from cause to effect, of the febrific properties of quinine from its anti-febrile faculty, to generalize this mode of action, and apply it to all specifics, such were, for so ardent a genius, the results of this remarkable experiment. He reflected upon these facts after the manner of Newton, and the conception of the law of similars was accomplished.

"The generalization of the facts was, however, an exaggerated application of the analogy. This law of similitude was as yet but a preconceived idea, which could have little other value than as a possibly true hypothesis; it was now to be proved by showing that it is manifested not only in the effects of quinine, but that it belongs to the mode of action of the various other medical substances. The certainty of this could only be established by a long series of experiments. Hahnemann devoted himself entirely to this object. Endowed with perfect health, he was willing for several years to put himself into a state of permanent disease. He tried, successively, the action of the specifics already known, and established for each this remarkable property of producing upon him a totality of symptoms analogous to the groups of symptoms against which, according to the writers, they showed themselves

efficacious. In all that had been written upon the action of simple drugs, and upon the effects of acute and chronic poisons, he saw the full confirmation of the results of his own experiments. At last, in order to make the counter-proof of his experiments, he administered to the sick substances which had produced upon the healthy a state similar to that under which they were suffering. Clinical success stamped upon this therapeutic law a last and irrefragable sanction." *

Behold then, at last, Galenism and its works irrevocably judged by the double means of experience and experiment, and behold the whole therapeutic arsenal of the Old School reduced to its real value; that is to say, to nothing.

No! of the absurd conjectures of ancient medicine, of the false doctrines of the middle ages, of Brunonianism, of Rasorism, of Broussaisism, there will remain, hereafter, but the sad remembrance of their extravagances, and of the evils they have produced. The expectant medicine, the negation of all medicine, had already asserted that the curative force of nature was the only reason of all the pretended success on which the active methods vaunted themselves.

The vast erudition of Hahnemann is, beside, employed to demonstrate to us that all the remarkable cures reported in the books, that nature alone would not have been able to effect, had always been the for-

* Aug. Rapou : Histoire de la Doctrine Médicale Homœopathique, tome 1, page 390.

tuitous effect of homœopathic remedies administered empirically.

Thus the *law of similars*, sustained by the history of innumerable facts and verified since its discovery by millions of cases, is definitely substituted, in the minds of men of good sense and good faith, for the too famous adage: *contraria contrariis curantur.*

The whole code of modern therapeutics is reduced to this precept: *To administer for the cure of the sick, the medicine which produces upon the healthy a totality of symptoms the most similar to the totality of the symptoms presented by the sick.*

But the practical application of this precept implied a profound knowledge of all the effects produced in the healthy by each medicinal substance; and it was to the gigantic task, a labor most urgently necessary, of re-constructing the Materia Medica upon an entirely new basis, that the immortal Hahnemann, assisted by his disciples, devoted thirty years of his life.

SECTION III.

DYNAMISATION OF MEDICINES.

THAT, in which especially consists the immense superiority of the Homœopathic, over the Old School, is the advantage which belongs to the former, of proceeding always from experiment to experience, while the latter is guided only by experience; that fallacious thing of which Hippocrates speaks, and which he distrusted with so much reason.

If we have had the good fortune to make ourselves understood, in the preceding paragraph, this proposition hardly requires farther explanation.

In fact, it is well known that while the Allopathist borrows only from doubtful tradition the drugs so often whimsical or disgusting, that he administers to the patient, we make use only of simple substances, whose properties have been discovered, *by experiments*, many times repeated, upon the healthy. It results from this, that even in cases where we employ a medicine for the first time, we know in advance, with great certainty, all the effects we may expect from it.

In Allopathy, on the contrary, unless we give a forced and paradoxical extension to this maxim of Iamblique: "Medicine is the daughter of dreams," I

maintain that it is impossible to explain otherwise than by accident or imagination, the introduction into therapeutics of any new medicine. But let us suspend these critical reflections, which every day's experience verifies, and which the good sense of the public, it is to be hoped, will soon render superfluous.

When Hahnemann undertook the heroic part of trying upon himself the toxical substances, of which it was so important to him to establish the pathogenesis, a double consideration induced him, from the first, to reduce very much, in his trials, the doses in which these substances were ordinarily administered. He felt on the one part, in fact, that without this precaution, his health, however good it might be, would not long resist these daily toxications; and on the other hand, a sort of intuition, the test of genius, told him that the proper specific action of these remedies, if such they had, should be different from those violent derangements produced by large doses.

Observation demonstrated his foresight. He was soon convinced that not only had physicians been deceived in what, till then, they had considered the proper action of medicines, but that the organic commotions, excited by the enormous doses in which they had been prescribed, so modified the manifestation of their peculiar action, that it had never been observed. In the preface to his Materia Medica, Hahnemann expresses himself on this subject in the following terms:

"As to the duration of action assigned to each medicinal substance — which I have sought to determine by multiplied experiment — I ought to remark, that it can never take place when the medicine is administered in large doses, and in a case of disease, to which it is not appropriate. In either case, the duration of action is much abridged, because the medicine is, to a certain extent, thrown off with the evacuations, which are their result, (bleeding at the nose and other hemorrhages, coryza, flow of urine, diarrhea, vomitings, or sweat,) so that its virtues are promptly dissipated. The living body rapidly expels this matter, as it does the miasm of contagious diseases, when it weakens, and, in part, expels it by means of vomiting, diarrhea, hemorrhage, coryza, convulsions, salivation, sweat, and other movements and evacuations. Thence it happens that, in ordinary practice, neither the peculiar symptoms nor the duration of action can be known of antimony, of jalap, etc., because the excessive doses, in which only these substances are administered, pushes the organism to disembarrass itself promptly of them. It is only when they do not produce this effect, that is to say, when they do not provoke evacuations, that we may observe their characteristic effects, so often important, and of long duration, but which are rarely noticed, and still more rarely recorded.

The vomiting produced by two or three grains of antimony, or twenty grains of ipecacuanha; the purg-

ing by thirty grains of jalap; the sweats provoked by a handful of elder-blows in infusion, are less the proper effect of these substances than an effort of the organism to extinguish as soon as possible their particular action.

"We have here the reason that homœopathic doses produce so great an effect; they are not sufficiently large to excite the organism to rid itself of them by the, as it were, revolutionary movements of which we have just spoken."

It was, then, in progressively attenuating the doses of the substances that he tried upon himself, for the purpose, according to his views, of rendering the result of his experiments more and more perfect, that Hahnemann was conducted, without perhaps thinking of it, to discover what he afterward called the *Dynamisation* of Medicines. As this discovery, the most extraordinary, if not the most important, that he made, or that was ever made, is still, at this day, erroneously regarded as the principal fact of homœopathy,—so also, are its wonderful phenomena continually made the target for the dull shafts of the Old School. Happily, raillery and sarcasm are as powerless as sophisms, against the immovable evidence of fact. And if, for a certain time, Hahnemann, like Galileo, had only to repay him for all his painful labors, the sad satisfaction of being alone in the right against all the world, the admiration of numerous disciples

was soon to him a presage of the universal assent, destined him by the judgment of posterity.

Dynamisation consists in a series of operations, whose double object is to reduce, almost infinitely, the doses of medicinal substances, and to augment the therapeutic action, inherent in their molecules, in direct proportion to the division of these molecules themselves.

All the world knows the rules for these operations. The principle is the same for all medicines.

To extend by means of trituration, or solution, one part of a medicinal substance, into one hundred parts of sugar of milk, or of alcohol;* to incorporate in the same manner a hundredth part of this first mixture, into one hundred times its weight of one of the two inert substances, we have just designated ; to proceed exactly in the same manner with a third, a fourth, a tenth mixture — such is the mechanism of the startlingly decreasing progression to which the remedies used by homœopathy are submitted. Each of the mixtures prepared according to these rules, has, as well as the number of its order, the name of *dilution*.

* The sugar of milk having absolutely no property, is perfectly adapted to this use. It is the same with alcohol, which, in the very small quantities given, either in solution or in globules, is without appreciable effect. The sugar of milk serves for the dynamisation of insoluble substances, especially the metals. After the fourth dilution, it is in all cases replaced by alcohol.

The thirtieth dilution contains a decillionth, in weight, of the substance incorporated in the first.

But, the most imperceptible atom of which the microscope reveals the existence, the impalpable, invisible, and almost imponderable mote which floats in a ray of the sun, is a world in volume, in comparison with a decillionth of a grain of any matter whatever. Yet, nevertheless, it is such doses of mercury, of lime, of sulphur, or of arsenic, that often suffice to arrest the progress of a mortal malady, and effect the miracle of cure, in the most desperate cases.

Reason, however, even the coolest, in its deductions, and the freest from prejudices, revolts at first sight from such an assertion; but let facts appear, and reason bends. Forced to receive, in spite of itself, the evidence of the senses, it draws upon the storehouse of memory, and finishes by recognizing, for the purpose, as it were, of absolving its faith, that the universe abounds in facts analogous to this action, prodigious as it is, of homœopathic doses.

Analogies, however, must be regarded as exceptionable proof of the reality of phenomena, which, in fact, need no other proof of their existence, than that they do exist; but it serves at least the purpose of removing prejudice, and engaging in practical trial, those sincere men, who, while doubting, yet seek to be enlightened. Permit us, then, to notice a few of these analogies.

The deleterious effect of certain odors, whose prin-

ciple escapes the most delicate tests of chemistry, is a notorious fact, denied by nobody, and at which no one is astonished ; because its frequency has rendered it familiar. Who, nevertheless, will tell us *the weight* of the effluvia which exhales from a few flowers of heliotrope or from a bouquet of hyacinth ?

Does not the miasm of swamps, that terrible and subtle cause of intermittent fever, so completely escape our senses that no one would even suspect its existence without the incontestable proof of its origin, and of its effects ? *

Who has seen, who has touched, who has seized in its flight, that terrible principle of cholera, brought us by the winds of the east, from the shores of the Ganges, its cradle—and of whose material reality there are, however, so few incredulous ?

To what homœopathic fraction shall we compare the quantity of variolous or pestilential emanations, with which a letter may be impregnated, and which, nevertheless has more than once sufficed to carry to enormous distances, the disease of which it contained the germ ?

Recall the experiments of Spallanzani, and those of Fontana. The one impregnated animals artificially, by means of a few drops of sperm, mixed in great quantities of various vehicles ; the other caused the

* The celebrated Professor Folki, at Rome, has recently *proved* ? by experiments, that the atmosphere of the Pontine marshes contains nothing injurious to the health—nothing that is not found in the atmosphere of the most salubrious localities.

instantaneous death of a lamb by inoculating it with a *millionth of a grain* of the venom of the viper.

How many atoms of syphilitic virus does it require to transmit the syphilis?

How many of the hydrophobic virus to inoculate with hydrophobia? The tooth of the dog, which communicates it to man, only reaches the skin after having passed through several folds of his clothing; less than a millionth part of a drop of the saliva of the animal is perhaps deposited in the wound. Again we must remember, that far from being the virus itself, this saliva is only its vehicle, which positively reduces to a homœopathic infinitesimal the quantity of infecting liquid actually absorbed. Nevertheless, infection takes place; the evil incubates; it silently develops itself, the crisis arrives and death ensues!

But why dwell longer on particular instances, which it would be easy to multiply almost to infinity? They are all comprised in a general fact upon which we entreat our readers to concentrate their attention; a fact of immense value in physiology as well as in physics, and which may be thus presented:

The dynamic properties inherent in material substances, are in inverse proportion to the cohesion of these substances.*

Whence it results:

1. That bodies, the most essentially endowed with

* Gravitation excepted.

the power of modifying the condition of animated beings, are those which have no cohesion whatever, and which constantly tend to evaporation.

2. That in artificially destroying the cohesion of solids, we are almost certain to develop in these, the properties that, until then, remained latent.

Now, the homœopathic dynamisation is precisely the verification of that principle, which I present in its turn as appropriately forming a basis for the rules of dynamisation.

If this last, in fact, only aids the spontaneous rarefaction, or what comes to the same thing, the medicinal power naturally residing in mercury, in antimony, in arsenic, in camphor, in all the aromatic plants, in a word, in all volatile substances, it literally creates the medicinal force of gold, of silver, of platina, of silicia, of coral, of lycopodium, etc., since this modifying power would not exist without it.* Is it not then rational to conclude, that if dynamisation, simply useful in certain substances, (for we admit its utility in all cases), is absolutely indispensable in others, it

* Certain writers, and especially M. Auguste Rapou, have emitted an opinion upon the nature of dynamisation, which I, for a long time entertained. According to these physicians, the inert matter mixed with the medicine or triturated with it, contracts its properties to such a degree as to become itself medicinal. In this manner, they explained the transmission from dilution to dilution, of the properties of the mother substance. The hypothesis is without foundation, and I do not hesitate to pronounce it false. The secret of dynamisation is exclusively in the division of matter.

should generally be carried farther, in case of these latter, than in the former?*

It is to be remarked, that the expansive power natural to certain medicines, and developed in others by dynamisation, seems to exert itself in the living economy as well as in all other mediums. Thence results, without doubt, the general effect so promptly produced by homœopathic preparations, in contrast with the action, almost always purely local, of allopathic remedies; thence, beside the appropriateness of the higher dilutions to the treatment of those affections in which the constitution is involved, and in which nervous symptoms predominate, while organic alterations seem rather to call for the employment of the lower dilutions.

This naturally conducts us, if not to draw up absolute precepts, at least to express our personal opinion relative to homœopathic doses.

And let us commence by avowing, that on this subject, the most complete anarchy, the most deplorable confusion reigns among practitioners. The choice of such or such a dilution; of drops, or of globules; of potions, or of powders, appears to be, with each, but an affair of habit, contracted without reason, and

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* It is to be remarked, that practitioners are rather disposed to follow an inverse rule, that is to say, they willingly employ high dilutions of substances, which are naturally energetic, and the low dilutions of substances naturally inert, which is unreasonable

continued, because commenced. Some (the majority of German Homœopathists) adhere obstinately to mother tinctures, and large doses, under the frivolous pretext, that dynamisation having not yet been discovered, it was under the influence of these doses that the greater part of the pathogenesis, reported in the *materia medica pura* was produced. Others, with Dr. Gross at their head, pushing to a fanatical length the ideas of the master, only employ the extreme dilutions called *korsakovienne*, that is to say, the five or six thousandths! The first, in yielding to their allopathic reminiscences, or perhaps, by being influenced unduly by their deference to the prejudices of the Old School, voluntarily forego the fruits of a magnificent discovery; while the others unnecessarily alarm public opinion, by the almost fantastic improbability of their pretensions!*

It is between these two extremes that I would endeavor to establish what is suggested at once by reason and experience.

But let us begin by declaring that we take, as a starting point, this practical truth, to which, as we have before stated, we give full adhesion, viz: That

* If I charge upon the *korsakovienne* dilutions, the reproach of furnishing arms to the adversaries of Homœopathy, and sharpening against it the shafts of satire, I refrain, nevertheless, from pronouncing them *absurd*. I know too well, that the infinitely small, is like the infinitely great, inaccessible to human understanding, and that in principle, the six millionth dilution is no more absurd than the tenth.

if dynamisation is not absolutely indispensable to certain medicines, it is useful to all, and adds, in all cases, to their efficacy.

We know in fact, that certain medicines, given in certain diseases, being dynamized, have often produced results demanded of them in vain, before their dynamisation. I have myself, seen a few globules of *secale corn.* of the twelfth dilution, arrest almost instantaneously, a passive hemorrhage of several months' duration, and against which the same medicine had constantly failed when administered in its crude state, in doses of twelve grains. I have also seen *stannum*, prescribed at the thirtieth dilution, procure the expulsion of enormous quantities of ascarides, in the case of an infant who had taken allopathic vermifuges for three months without effect. Such cases are constantly occurring to homœopathic practitioners.

We may remark, beside, that facts contradictory to those here alleged are yet to be produced; that is to say, that never, in any known medicine, has the power of large doses come afterward to invalidate the superiority of properly chosen dilutions.

With so much the more difficulty do we comprehend those who cry up the exclusive use of the first, since they thus deprive themselves of therapeutic resources, which, we declare it boldly, are so important that without them, we should experience in our daily practice an invincible embarrassment.

With what, indeed, should we replace carbo. vegetabilis, silicea, lycopodium, etc., etc., which have no medicinal properties without dynamisation?

Will we give, on the other hand, by grains or by tens of grains, the pure venom of the rattlesnake and of the trigonocephalus lachesis?

The predilection for massive doses certainly arises from incomplete notions of medicine, or false ideas of diseases.

"What would you prescribe," said an Allopathist to me one day, "to an unfortunate man who had just swallowed a couple of hundred grains of vitriol?" "Three hundred grains of magnesia," replied I, without hesitation. "Why not some of the decillionths?" said my interrogator, jeeringly. "Because, before combating the disease, it is necessary to destroy the cause, when this cause still exists; because, in prescribing three hundred grains of magnesia, I do not practice medicine, but chemistry; because, in such a case, it is neither to the age, sex, constitution, or temperament, or even to the sufferings of the patient, but only to the quantity of poison swallowed that I proportion the remedy, or rather the antidote. In this I only conform to the old precept, *tolle causam*, etc.; a precept which, by the way, is only absolutely true for your School; for, notwithstanding the removal of the cause, the disease will have its course; then medicines will succeed to the use of antidotes, and the infinitesi-

mals, worthless as they may seem to you, will then show their power."

Let our readers judge, by this example, of the general value of the objections made to dynamisation by the partisans of the precepts and of the doses of the Allopathists. We shall not return to this subject, and it only remains to us, at present, to speak of the choice of dilutions.

This is a difficult, arduous, delicate, and complex question; it is even impossible to solve it, except with reference to other considerations. It is easy to comprehend, in fact, that its solution must depend, as we have already intimated: 1. Upon the species of medicine; 2. Upon the nature of the disease; 3. Upon the age and constitution of the patient.

Hence, there are three points to discuss. First, concerning the species of medicine as deciding the choice of the dilution, I have already somewhat fully explained myself. Thus, it is well understood, that, as dynamisation develops the medicinal action, we should prescribe, all other things being equal, the dilutions higher in proportion to the natural inertness of the substance.

It may be objected, that if the greater division of matter in the high dilutions of inert substances establishes between these and the lower dilutions of active substances, a certain equilibrium of power; this equilibrium is broken by the abundance, relatively more considerable in the last, of the medicinal matter.

But, however specious this objection, it vanishes, or very nearly so, under the test of experience. Experience, in fact, impartial and infallible judge, proves superabundantly that the activity of the homœopathic dose is proportioned incomparably less to the quantity of medicinal matter that it contains, than to the degree of its division. Were it otherwise, dynamisation would be a chimera.

The little importance that we seem to attach to the greater or less quantity of crude matter in our medicines may, I feel, appear strange. Nevertheless, do we not know, to call analogies once more to our aid, that neither the symptoms, nor the intensity of a contagious disease, are proportioned to the abundance of the principle which gave it birth? Do we not know that the pustules of the vaccine are developed so much the more surely, as the hand of the operator has been light, and the virus sparingly applied? Of two unfortunate beings attacked by hydrophobia, who have each the same anguish, and the same death, one has hardly felt the bite which caused the infection, while the other has been torn by the furious animal and inundated with his deadly saliva.

I do not hesitate, then, to pronounce that, if not entirely unimportant, it is, at least, of very secondary importance, how many drops or globules should enter into a dose. *

* I prefer potions to the dry preparations. The diffusion of the first has always seemed to me more sure and rapid.

The globules are very small pills of sugar of milk, saturated with the medicinal tincture of the various dilutions. A single drop is sufficient to saturate several hundreds. The manner of this saturation appears to me to constitute, in itself, a veritable means of dynamisation. Thus, the three hundred globules, which represent, in quantity, but the value of a drop, contain altogether a medicinal power greatly superior to that of a drop.

Hahnemann preferred globules to tinctures and used them exclusively. In his horror of large doses, the decillionths, even, in the liquid form, seemed to him enormous doses! * * * So true it is that great men have their little prejudices!

The principal advantage in the globules is their portableness. It is, indeed, a precious advantage for the physician, and especially for the country physician, to be able to have always about him a complete pharmacy.

The nature of the disease, the age and constitution of the patient, as we have said, complete our group of reasons for determining the choice of the dilution.

Although this proposition evidently implies two distinct points, we shall, for the sake of abridging it, treat it without observing this distinction. It may, beside, be summed up in a single principle, a principle based upon observation, and of which the following is the statement:

The power of homœopathic medicines is in direct

proportion to the vital activity of the subject, while the duration of their action is in inverse proportion to the same.

Whence we immediately draw the practical conclusions:

The younger and more vigorous the patient, the more acute, rapid and inflammatory the disease, and manifesting itself, as it were, by an increase of vitality, the more important it is to reduce the doses, while, at the same time, we lessen the intervals of their repetition.

For old people, on the contrary, as well as for emaciated or lymphatic subjects, of a low and feeble vitality, who are refractory or almost insensible to medicinal excitation, the lower dilutions are most appropriate.

In conclusion, to increase to a greater or less extent the intervals between the doses, in the treatment of chronic diseases, is a rigorous deduction from the principle we have just announced, and of which some general notions upon the nature of disease, developed in the following chapter, will perhaps better enable us to understand the bearing.

SECTION IV.

OF THE NATURE OF DISEASE.

Every disease is a partial or general disorder of the functions whose ensemble constitutes life, and whose regular exercise constitutes health.

There exist, according to the terms even of this definition, two kinds of diseases: local and general, or, what comes to nearly the same thing, organic—those with material lesion of one or more organs—and essential or diffused diseases.

Clinical observation proves that the former, of however little intensity they may be possessed, tend constantly to generalize themselves, or, to speak otherwise, to derange the vital acts of the whole body, while the latter almost always end in some local lesion.

The difference between the two is not the less marked: The former are *primarily* organic; the latter primarily essential.

The one has its origin in the presence of a subtle agent, either acquired or spontaneous, but not cogniza ble to the senses; the other, on the contrary, results from the mechanical or chemical action of an appreciable agent.

A man is attacked with typhus; he at first suffers only a vague depression, torpor, or sleeplessness—an indefinite discomfort, an irregular fever: the disease is yet general; but pains in the bowels soon make their appearance, with ulceration of the small intestines, and the disease is thus localized.

Another man crushes his finger under a stone; he suffers, at first, only from his finger—the disease is local; but we have soon traumatic fever, tetanus, perhaps death—and the disease is generalized.

One may easily conceive how often this generalization of local affections, and this at least apparent localization of essential affections, must have put physicians upon the wrong scent. Here, where there were two distinct facts, the spirit of the system only wished to see one. For vitalists and humorists, apart from surgical cases, there were only essential diseases; for materialists and solidists, there were only organic lesions. The first did not sufficiently prove their hypothesis; their adversaries denied the evidence.

If, in fact, the organs being the agents of our functions, it is impossible that an organic lesion could exist without bringing on a functional disorder, it is a fact of daily experience that serious functional disorders do manifest themselves without apparent organic lesion.

When, in consequence of a prick in his foot, a man dies of tetanus, a post mortem examination of the body reveals no other lesion than the prick. Nevertheless, tetanus, the immediate cause of his death, although it

be only a secondary phenomenon, constitutes in itself a definite affection, and one which is perfectly separable from its cause. Tetanus is, then, we will not say an essential affection, but at least an affection exclusively dynamic.

Now, let us suppose that this terrible nervous affection manifests itself spontaneously; that is to say, under the influence of a secret cause—in other terms, a cause too subtle to come under the cognizance of the senses—does not tetanus then offer us a type of essential disease? Here lies the whole question.

Let us hasten, moreover, to remark, that the absence of physical lesions is far from being the pathognomonic and dominant character of essential diseases. If, in their first period, they only manifest themselves by simple functional aberrations, frightful ravages in the different organs of the body, often mark the passage of the greater part of them; as, for example, syphilis, typhus, etc.

But, what particularly distinguishes this sort of affections, is, with the obscurity of their origin, the almost invariable regularity of their form. They each have their own course—their constant symptoms—their crises, and their duration. They are susceptible of being classed into genera and species, like animals or plants. They are, in fact, veritable existences; abstract beings, if you will, but whose germs are nevertheless realities.

This, I am aware, leads us into a sort of medical

ontology, but not absolutely that attacked by the sarcasms of Broussais. What to us, beside, is the opinion of this head of a school? If we have been, and if to a certain extent we are still, his admirer, we are not his disciple.

All superstitions, said D'Alembert, have their nucleus of truth. Now, if medical ontology may be considered a superstiton, it has, beyond a doubt, its true side.

Assuredly, it is absurd to consider a disease as a real being, like a parasite implanted in the economy, to live there its own life at our expense. But for the effect, substitute the cause; for the disease, its principle, and you will have, in place of a chimerical conception, an hypothesis, specious, rational, plausible, and bearing, even, shall I dare to say it, the criterion of certainty.

Is it not incontestable, in fact, that each of these diseases, that we call essential, is the special result of a poisonous principle? Grant that this principle is not a visible and palpable matter, observation and experience do not the less clearly demonstrate that its existence is positive. The virus of syphilis, of variola, of the plague, etc., are all for us simply poisons, having, like arsenic, corrosive sublimate, prussic acid, the venom of the viper, or of the rattlesnake, etc., etc., their respective pathogenesis. We are then in the right, not only in admitting these viri, but in classing them exactly as we do known poisons.

If we are now asked what advantage can arise from this particular manner of regarding disease, nothing can be more easy than to make it understood.

It substitutes general views for partial observations, and thus conducts the practitioner to the employment of general means and of dynamic remedies.*

The number of essential diseases, or if you will, of essential principles, whose effects are determined, is already considerable. It is beside very probable, that we do not know them all, as every day reveals a new one. The incomparable merit of the homœopathic materia medica is, that it furnishes *a priori*, the means of combating them. It is thus, that from the first appearance of the cholera, the pathogenesis long since known, of arsenic, of copper, of white hellebore, of camphor, and of charcoal, represented for the Homœopathist the specifics corresponding to the different forms of this frightful epidemic, to which Allopathy, groping, opposed but powerless, and very often contradictory means.

The deleterious action of virus, or of the miasms, (the words, save a light shade, are for us synonymous) is, like all the other toxical substances, diffused throughout the universe, more or less active, and more or less

* To treat with local means and as so many distinct affections, the various symptoms of an essential fever, is as puerile, as absurd as it would be to combat the dangerous effects of a bite of the viper, by only closing the wound made by the teeth of the reptile with adhesive plaster.

formidable. The first are congenital, or develop themselves spontaneously in the economy; the last come from the surrounding atmosphere. There are those which exhaust themselves in us, and are extinguished after the explosion which gave notice of their presence. Others, on the contrary, resist time—may remain latent for years—and often only manifest themselves on the occasion of some accidental affection, and transmit themselves from generation to generation.

The founder of Homœopathy occupied himself with only the last of these, and has only pointed out three; syphilis, sycosis, and psora. Psora was the especial subject of his researches and meditations during the latter half of his life. He saw in it the true cause of all chronic diseases.

This conception of psora, notwithstanding the error and confusion probably mixed up with it, was nevertheless a stroke of genius. It traced a line of demarcation, that we believe natural, although not recognizable, between acute and chronic diseases. These are not simply, as was generally thought before Hahnemann, the prolongation of the first.

Acute diseases have, for the most part, their duration fixed by nature; and when, notwithstanding, the removal of the cause which excited them, they pass the limits of this duration, and seem to continue indefinitely, it may be safely affirmed, that they have changed their character, and have awakened some

morbid principle until then dormant, and foreign, in the beginning, to their manifestations. But is this morbid principle always the same? Is it always psora? Nothing proves this: and it is in this, at least, so we think, that Hahnemann deceived himself.

There exist, perhaps, as many primitively chronic diseases as primitively acute diseases. It is, perhaps, as hazardous to consider psora as the unique cause of all chronic, non-venereal affections, as it would be to attribute the small-pox, the measles, scarlatina, miliaria, etc., to one and the same miasm. We are then very much inclined to believe that this thousand-headed monster, named by Hahnemann, psora, is essentially multiple.

How in fact admit, that the gout, aneurism, cancer, tubercles, etc., etc., are only one disease? This appears so much the less probable, that we never see these different diatheses transform themselves from one to the other, either during the life of the individuals who present them or the generations to which they are transmitted. The son or the grandson of a gouty parent, has gout, and not cancer. The son or grandson of a cancerous parent, has cancer, and not gout, etc., etc.

But if this remarkable phenomenon of hereditary transmission ruins the hypothesis of psora in its unity, it assuredly confirms the general idea.

I will say then, in summing up, that with the exception: 1st, of natural deformities, which may be reme-

died by mechanical means; 2d, traumatic or chemical lesions, which belong to the practice of surgery or chemistry; 3d, and last, simple affections, resulting from the physical impression of an irritating agent upon an isolated organ, I admit but essential diseases, which can only be efficiently combated by specific remedies. It would remain for me now to speak of the classification of diseases. But such a classification, to be logical, would suppose notions much more complete than those we at present possess upon the analogous action of the morbid principles. Perhaps experience may some day furnish us their true elements; but such a systematization, which will be the triumph of Homœopathy, will require still much time.

PART I.

HYGIENE OF CHILDREN.

CHAPTER I.

IMPORTANCE OF EDUCATION.

The impressions of childhood remain during life. They exist in us without our knowledge. Our particular tendencies, our sentiments, our opinions even, on many subjects, are oftener than we think, their consequences. We owe to them, without suspecting it, many of our virtues or of our vices, the greater part of our prejudices, our health or our diseases.

It is with men as with vegetables: a cutting, which planted in good earth and properly cultivated, would have become a great tree, luxuriant and productive, will produce, left to itself, or unskillfully managed, but a stunted plant, without vigor and without fruit.

It may then be affirmed, that the destiny of men depends, in a great measure, upon the care given to the first years of their existence. We know not how better to express the importance we attach to education.

This should commence for us on the day of our birth, and hardly finish before the epoch of maturity. It comprises the direction of the mind, and of the body: the mind and the body are so dependent upon each other, that hygiene and morals are almost inseparable things.

We shall, nevertheless, separate them in this little work, where it is not our intention to encroach upon the sphere of the moralist, but to occupy ourselves solely with the physical care to be given to children. But let it not be forgotten, that the health of the body often makes that of the mind; the character of the individual, and, if we dare not add his intellectual aptitudes, at least the degree of mental application of which he is capable, depend, in great part, upon the strength of his constitution, and upon the more or less normal manner in which his organs perform their functions.

Long protracted disease, generally, finishes by falsifying the ideas as well as the sentiments. Jean Jacques Rousseau, undoubtedly, owed his misanthropy, and the aberrations of his magnificent intellect, to the tormenting disease from which he suffered.

The sum of all hygienic laws, applicable to children, consists in the satisfaction of all their natural wants, while we avoid the creation of factitious ones.

But the practice of this double precept, so simple in appearance, exacts on the part of the mother almost as much sagacity as solicitude. She must know how

to divine the cause of all the discomforts, of all the sufferings, of even all the wants of her children, which they yet know how to express only by their cries. She must, beside, be on her guard, that in endeavoring to console them by useless or dangerous diversions, her tenderness does not lead her beyond proper bounds.

Time has fortunately dissipated many prejudices touching the first treatment of children. Thus, in the majority of cities, at least, the use of long clothes and of cradles has been abandoned. Unfortunately, in place of the abuses which have ceased, luxury has substituted others. The worst of all, is the carelessness of mothers who blindly abandon their children to mercenary care. There are cases, we are aware, where the mother herself cannot, and ought not, to nurse. We are so far from absolutely proscribing hired nurses, that we shall soon give them our especial attention. But the intervention of a nurse, whatever confidence she may inspire, should never exclude the immediate and continued superintendence of the mother.

CHAPTER II.

FIRST CARE OF THE NEW-BORN.

When the labor has been long and fatiguing, when, above all, the umbilical cord is found wound round the neck, and has been compressed for some moments between the head and the walls of the pelvis, the child always comes into the world in a state of asphyxia. But, although it neither cries nor breathes—although it makes no movement, and the pulsations of the heart are imperceptible, the asphyxia is not always complete. It is necessary then, after having cut the umbilical cord, to allow a few drops of blood to flow before applying the ligature. We should then take the child upon the knees, remove from the mouth, with the finger, the mucus which may impede the penetration of the air, sprinkle it repeatedly with cold water, and rub it briskly after each sprinkling, either with the hand or with warm linen. Finally, if it does not soon recover, it should be carried to the air, and we should blow strongly into its mouth, and re-commence and continue the same treatment until it breathes, or until its death is rendered certain.

We have seen children remain in this state for several minutes, without giving any sign of life, then begin slowly to recover, and be quite well two hours

after. If the accident is not immediately mortal, they generally recover.

It is the same with the paralysis of one-half the face, from compression of the facial nerve by one of the branches of the forceps. This paralysis gives to the infant, when it cries or when it attempts to nurse, a strange expression, at which the mother and nurse are sure to take alarm.

A few days, or, at the most, a few weeks, will suffice for its recovery, without the use of any medicine. It is well, however, in such a case, to administer in the course of the day, a few teaspoonfuls of a solution of one or two globules of *arnica*, of a medium dilution, in a tumbler of water; a few small doses of *nux vomica*, prepared in the same manner, will infallibly dissipate, the next day, or the day after, any traces of the accident which may still remain.

Some children come into the world with the skin, particularly the scalp, covered with a sebaceous coating, so viscous and tenacious that water alone will not suffice to remove it. It is very easily got rid of by smearing it slightly with fresh butter, followed by a warm ablution. We prefer this method to the use of soap and water, which is sometimes irritating, and of which, beside, the medicinal action is incontestable.

It is hardly necessary to add that the ablutions should be given in a warm apartment, protected from currents of air, and quickly enough to prevent the

water from becoming cold on the body of the child. A bandage of linen, three fingers wide, applied to the abdomen, will protect the remaining portion of the umbilical cord. The real object of this bandage, which should not be too tight, is to prevent hernia at the umbilicus. It is unnecessary in four or five days after birth.

About this time, the skin of the child commonly changes color. From a red, purple, or rosy hue, it becomes yellow, at the same time the epidermis cracks and scales off. It is a natural phenomenon that mothers and inexperienced nurses have sometimes taken for a disease; but is nothing with which it is necessary to meddle.

The senses of newly-born infants are naturally very delicate. Care should be taken to avoid exposing their eyes to too strong a light, and their ears to a too loud noise; at the same time, it is better not to carry these precautions too far. It is well, for example, that the child should accustom itself—and it does it easily—to sleep, in spite of the noise of conversation.

In some places, especially in the wine countries, the matrons make it a duty to administer to the lying-in woman the *rotie au sucre*,* and regard it equally indispensable that the infant, before taking anything

*This is a great cup of sweetened wine, with toasted bread soaked in it. In the Côté d'Or, in the Haute Saone, the Jura, etc., not a woman is delivered without being comforted with this heroic cordial.

else, should swallow a teaspoonful of pure wine. Without considering this practice as very dangerous, (although it might be so in certain cases) we consider it, at least, quite useless.

We proscribe more explicitly the syrups of manna or of rhubarb, administered previously to all nourishment, with a view of expelling the meconium.

"The health of man," says Hartlaub, "is in incessant strife with ignorance, and this struggle commences with the first moments of his life. * * * Should not the least reflection suffice to convince us of the injurious effects of such active medicinal substances upon a delicate being, whose organs are not yet accustomed to external influences?"*

Although we do not look upon manna and rhubarb as *very active* medicinal substances, we subscribe to the opinion of Hartlaub.

This vulgar custom of purging the new-born, is one of those old humoral traditions, which resist so much the more easily the effects of time, that they have their specious side, and seem founded in something like reason.

The milk of a woman who has just been delivered, differs from the milk of a woman delivered six months since, in this, that it is less rich in cream and caseine. We may suppose it then, like the pure serum (whey), endowed with laxative properties. Now as nature, in her combinations, always shows herself possessed of infinite wisdom, and admirable foresight, is it not

rational to suppose that the chemical composition of the milk of a woman in child-bed, is exactly appropriate to the wants of the being to which she has just given birth? Hence, the intention of physicians was to supply artificially this provision of nature in favor of the poor children, who, deprived of the maternal breast, were destined to receive from the first, the breast of a woman confined several months before.

But upon this point, as upon others, physicians deceived themselves. In fact, the majority of infants pass spontaneously the meconium, which at birth is contained in the intestines. Laxatives are then useless, and beside, if the milk to be given them is unfortunately too nutritive for their young stomachs, we doubt very much if the syrup of manna and rhubarb are the ingredients best adapted to facilitate its digestion.

CHAPTER III.

NURSES—THEIR DUTIES AND REGIMEN.

There are circumstances, we have said, under which mothers should not nurse their children, and which even impose upon them the obligation of abstaining from it. Such are abscesses of the breast, cracks in the nipples, or any defect in the conformation of these organs; the absence or bad quality of the milk; an herpetic or syphilitic affection; any nervous disease, such as hysteria or epilepsy, of which the maternal milk would favor the transmission to the child; and lastly, pulmonary phthisis, a feeble constitution, or indeed, one of those excessively impressible natures, who make of everything a subject of irritation or chagrin.

In these various cases it is better to resort to artificial suckling, or to another nurse.

Artificial suckling is troublesome. It requires extreme care, and fatigues the mother almost as much as natural nursing. But it has the advantage of avoiding the interposition of a stranger between the mother and child.

We recommend it, in consequence, to those mothers who, not being obliged to labor for a living, are happily at liberty to consecrate all their time to their homes,

and whom a bad conformation of the breasts, an accidental disease of these organs, or the want of milk, deprive of the precious privilege of nursing.

The choice of a nurse, when this becomes indispensable, is a delicate and serious affair. I shall quote word for word the reflections of a Swedish physician, Rosen de Rosenstein, upon this subject, in his *Traité des Maladies des Enfants*, one of the best works produced by the Old School

"A nurse," said Rosen, "should be of a tranquil, gentle, moderate, gay and virtuous character. She should be from twenty to thirty years of age, should have been confined a little sooner than the mother, and be accustomed to handle children. She should be in perfect health, so that there should be no fear of her communicating disease to her charge. Especially, she should be exempt from the slightest taint of scurvy, and her gums should be carefully examined, to be assured that they are sound and firm; care also, should be taken that she is free from any hidden virus, cutaneous eruption, induration of the glands, and every other affection which betrays a depraved state of the fluids."

To this we would add, that careful inquiry should be made concerning the family of the nurse, to ascertain if any of its members have suffered from any of those terrible hereditary diseases, such as scrofula and epilepsy, against the infection of which it is impossible to be too carefully guarded. It would not be impossi-

ble, in fact, that the nurse herself should be infected, although she had never presented the slightest symptom of it, and transmit with her milk the germ to her nursling.

Rosen continues: "It is an advantage that the nurse be rather fat than lean, and that her constitution should resemble that of the mother. She should be able to suckle from both breasts, and the nipples should be well proportioned; they should be sufficiently irritable to become firm when the end of the finger is passed over them, otherwise the flow of the milk would be obstructed.

"The milk, to be good, should possess the following qualities:

"1st. The color should be of a bluish white; 2d, it should have no odor; 3d, its taste should be very sweet, and not salt or bitter — nor like that of the first milk of a mother, when it begins to change, and become real milk. It is best, when it has the taste of ordinary milk, diluted with a little water, and sweetened with a small quantity of sugar; 4th, the milk should have but little body, and should fall readily from the nail upon which a drop has been expressed, if the nail is ever so little inclined; and, if the hand is suddenly shaken, there should remain no whitish trace upon the nail; 5th, the milk should make no impression on the eye, when a drop is let fall into it; 6th, if, in allowing it to curdle, it gives much curd, it is good for nothing; 7th, if, in allowing it to

stand for several hours, it gives much cream, it is not a good sign, which is also ascertained by weighing it, for the lighter it is, the more cream it yields; 8th, the older the milk is, the thicker it is — and the more objectionable. If, then, one has to choose between two nurses, one aged thirty years, with milk but a month older than the mother's, and the other be but twenty, with milk six or seven months old, the first, though the oldest, should be preferred, other things being equal."

Rosen enlarges afterward upon the regimen proper for nurses, upon the kind of life they should lead, and upon all the precautions they should take with respect to their nurslings.

"It is not sufficient," says he, "to have a nurse who possesses the qualities above-mentioned: the health of the child still demands that she should observe a proper regimen. First, she should, if possible, have a spacious chamber, free from the passage of draughts of air; she should keep moderately warm and observe great cleanliness. The nurse ought not to expose herself imprudently to the cold, at least, her breasts should always be well covered. If they are cold, she should warm them before presenting them to the child; otherwise, it will be likely to get a cough, or a cold in the head. I should, however, be very far from advising a nurse always to remain in her chamber; on the contrary, she should be at liberty to go as she pleases into other apartments, and to occupy herself with household

affairs. I have remarked, that from shutting up a good nurse in her chamber, her milk became changed; but would recover its good qualities in a fortnight after, if she was allowed to go and come in the house, and occupy herself with some light labor.

"She should eat sufficiently, and at regular hours. Wine, brandy, beer and coffee are not proper for her. She may be allowed, although rarely, tea with milk. It is unnecessary to be equally scrupulous with regard to the choice of food. The best kinds are those to which she is accustomed, and which are most agreeable to her. She should, however, refrain from acids and every species of onion.

"She may be permitted, from time to time, to partake of salt food,* but the child would soon be tormented with colic if she should eat peas, turnips, and cabbage. * * * * * * * *

"A nurse who suckles well, is rarely taken with her courses, and, if this does happen, she often suffers pain. I have often distinctly observed that infants who nurse at this time are made sick by it. The safest way is for the nurse to have her breast drawn by another woman, and give only to the child, during this time, clarified whey. * * * *

* The nurse by this means is excited to drink, and her milk becomes in consequence more fluid. This she should do from time to time, especially, if the child is observed while sleeping to have a rattling breathing several times in succession, without having taken too much milk.

"Exercise is indispensable for a nurse, as much on account of her health, as for the production of good milk, that is, milk not too thick, and which does not sour too easily. Thus she should come and go, and even work sufficiently every day to cause slight perspiration. But she should take this exercise an hour before eating, and not immediately after.

"If the child is not quiet enough to allow the nurse to sleep well, she becomes feverish, and the milk stops, becomes yellow and unwholesome, and she should then have an assistant, in order that she may sleep seven or eight hours a day.

"A nurse should know how to control her temper: for if the child takes the breast soon after she has had a fit of anger, it immediately suffers in consequence, and has convulsive movements, or other dangerous affections, which may cost it its life. Albinus relates the following example: A woman gave her breast to her child after a violent fit of anger; it was immediately attacked with hemorrhage of the eyes, ears, nose, mouth, anus, etc., and died.

"It is not less injurious to give the child the breast immediately after the nurse has had a fright; she should, in such a case, have her breast drawn by another woman, and take some suitable medicine before again nursing the child."

Aconite is, in such a case, the medicine to which she should have immediate recourse. Five or six globules of the twelfth dilution, are to be dissolved in a

glass of water, of which she should take a few teaspoonfuls every two hours, or at greater or less intervals, according as she has been more or less seriously affected by her fright. But in all cases, it is important that the child should not take the breast under twenty-four hours from the time the nurse took the last teaspoonful of medicine.

"If the nurse," pursues Rosen, "suffers from any anxiety of mind or grief, the child will not fail to ret rogade and lose its health. The cause of this state of mind, should be ascertained, and if there is no remedy for it, the nurse must be changed.

"If the nurse gets sick, the child should be taken away until she has recovered. During this time, it should take the milk of another person, or the food of which I have before spoken.

"There is no danger in changing the nurse, for any of the causes mentioned, if the one taken in her place has the requisite qualities, and her milk be a little younger than that of the first, six weeks at the most; otherwise the child may easily have a bad d'arrhea.

"The nurse should present the breast to the child whenever it is hungry or thirsty, but not every time it cries; otherwise, the stomach of the child will become surcharged with aliment it cannot digest, and the milk, always tending to its usual alterations, becomes acid, acrimonious, and causes vomiting and colic. Mothers and nurses regard these vomitings as very advantageous to the child; without doubt, they are as

useful as those which happen to adults, who eat and drink so often during the day, that they are sometimes forced to vomit: but a nurse will do well to accustom the child to take the breast only at regular hours, and when it really needs it. She will know by the following signs, if it is in need of it: 1st, if a certain time has elapsed since he took it last; 2d, if it fixes its eyes upon the nurse, following her with the eyes as she comes and goes; 3d, if joy is expressed in the eyes of the child at sight of the breast; 4th, if in presenting the end of a very clean finger to the mouth, it takes hold of it and commences to draw.

"The nurse ought not to give the breast to the child immediately after her meals, otherwise the milk sours quickly and causes colic; nor in the morning before taking something, because the milk has then necessarily a little acrimony.

"To prevent the child from becoming deformed, he should nurse alternately from both breasts, and for the same reason, it is improper always to carry the child on the same arm.

"In conclusion, a nurse who is subject to fall asleep in her chair, should not be permitted to seat herself near the fire with the child; but too many accidents have resulted from this cause."

These wise counsels, given by Rosen, are addressed to mothers as well as to nurses. We earnestly recommend them to both.

CHAPTER IV.

NURSING BOTTLES

These were formerly simple bottles with a neck, to which the nurses attached a little roll of fine linen or a bit of sponge, and of which they made use to feed their nurslings. But since artificial suckling, brought into notice by the hygienists, has become as it were a custom, industry has taken in hand the simple invention of our mothers; nursing bottles have become the objects of a special branch of commerce, and several persons have attached their names to successive improvements they profess to have made; so that we have now the bottles of Darbo, Breton, Obin, Charriere, etc.; all by the way constructed upon the same principle, and which can be embraced in one common description.

The primitive nursing bottle, of which we have spoken, notwithstanding the apologists it still finds, has a very serious fault: the vacuum, more or less complete, necessarily produced upon the surface by the progressive diminution of the liquid, hinders its flow: suction then becomes difficult, and even impossible, if not interrupted from time to time. Now, experience and reason both demonstrate that there is nothing more prejudicial to the health of a child, especially to a feeble one, than repeated ineffectual efforts

at suction. For the rest, we agree with the old ladies, that they were not expensive, and easily kept in repair; but these advantages do not, in our opinion, justify their use.

Nursing bottles are now made with two openings, the one intended for the passage of the liquid, the other, for the entrance of the external air; so that a vacuum is no longer possible, and consequently there is no difficulty in the suction: and we now rarely see a child become impatient while drinking, or desist from his efforts, to cry. The various ways of arranging this extra opening, without causing the liquid to escape when the vessel is filled, constitutes, in part, the difference which distinguishes the bottles of the different manufacturers. But their ingenuity has not stopped here: for in place of the bit of sponge or linen, they have substituted an emery stopper, perforated through its center, and covered with an artificial nipple; this is sometimes but a simple adjustment of elastic cork, of caoutchouc or of flexible ivory—is oftener made of a prepared cow's teat, whose flexibility is preserved by immersion in cold water. This last would be undoubtedly the most suitable, were it not for the difficulty of keeping it clean, its liability to become obstructed and to deteriorate; for these reasons, we prefer the flexible ivory nipples of M. Charriere, notwithstanding their great fragility, which makes them sometimes expensive. All the efforts of these manufacturers, however, have not been able to

remove the prejudices still existing, against the use of nursing bottles. These are evidently attributable to the great care required by artificial suckling, care that mercenary nurses too often neglect; and especially to the general ignorance respecting the composition of the food, to be given to the nursling.

What liquid is the best adapted to replace to the new-born child, the mother's milk, of which he is deprived ? This is the great question, up to the present time badly understood, badly stated, and consequently badly settled.

Chemistry and physiology, both demonstrate: 1st, that the new-born child, whose digestive powers are gradually developed, needs from day to day, an aliment more and more substantial; 2d, that with women in good health, the milk passes through precisely the series of transformations which progressively adapt it to the increasing demands of the child, from the day of the labor, up to the period of weaning.

This granted, it follows that no animal milk, that is to say, no substance of a fixed nature, is a suitable substitute for the maternal milk. The efforts of art should consequently be directed to the discovery of a variable formula, by means of which to imitate, in all its phases, the work of nature.

We give here the recipe which we have already published in another work, and the excellence of which, we have tested in numerous cases.

Take of beef and veal, each, three ounces, boil them six hours in a quart of water, add a little salt—skim when cold,—mix this broth with equal parts of cow's milk and water, and warm it a little for use.* Suppose we increase every day the quantity of meat in the broth, and of broth in the mixture, so that the milk shall finally disappear, and I venture to affirm, that we shall have solved one of the most important questions in the hygiene of children.

Let mothers remember these precepts; let them have the courage to put them in practice, should circumstances prevent their following the course of nature, and they will not be slow to acknowledge, with us, that nursing bottles, in a majority of cases, are preferable, for their children, to the breast of a stranger.

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* Viande de bœuf, viande de veau ;
De chaque, 60 grammes ;
Un litre d'eau.

CHAPTER V.

OF THE CRIES OF CHILDREN.

When a child cries, we may be sure that it experiences some want, discomfort, or actual pain. The first thing to be done then, is to discover the cause of his cries.

This cause, in the child just born, is found in the impression which the air, a medium colder than that to which he is accustomed, suddenly produces on his body, in the introduction of this air into his lungs—sounds, light, the contact of the hands, of linen, etc. He gives evident signs of the excitement these cause him, by the rapid movement of his limbs, sometimes by sneezing, and always by cries.

From the tone and degree of intensity of these last, we draw inferences which are rarely incorrect. "A child," says M. Billard, "may be considered vigorous, and likely to live, if his cry is sustained, sonorous and easy, such a cry always indicates free and full respiration; ordinarily, a sign of health and vigor in the newly-born. We are rarely in error, in relying on this observation; we see children, having a certain degree of plumpness, and robust limbs, hardly able to breathe, and crying with great difficulty, who perish from

asphyxia or apoplexy, while others, more feeble, if we judge by their external appearance, but with a vigorous and free cry, undergo, without danger, the sudden changes that the commencement of extra-uterine life imposes upon them."

The cause of the cries of children, after this first commotion has subsided into a refreshing sleep, is not always so easy to indicate.

"There are children," says M. Billard, "who cry without its being possible to assign a cause for it; and whom, notwithstanding their continual agitation and wakefulness, we do not see pine away. These children are distinguished among all those brought to the Foundling Hospital, by the pertinacity of their cries; and the nurses, who dread to take charge of them, vulgarly designate them by the epithet. well enough merited, of *enfants méchants.* This continual excitation proceeds, no doubt, from a greater sensibility in them, than in other children."

Fortunately for the nurses, and especially for mothers, *les enfants méchants* are the exceptions, and nearly always, with a little care, they can succeed, except in cases of real disease, in appeasing the cries of their children.

The want of nourishment, the discomfort caused either by a fold in their linen, or in their bed; an uncomfortable position, or one too long maintained; cold; the irritation produced by the presence of urine, or fecal matter upon the external parts; the want of sleep,

and lastly, the pain caused by the process of dentition, and other maladies, are the usual causes of the cries of children.

Whether the cries are caused by hunger, is easily determined, by considering the length of time that has elapsed, since the child has taken food. "We must not always conclude," says M. Billard, "because a child is quieted by offering it the breast, that hunger is the cause of its cries; for there are children of such insatiable voracity, that they never refuse the breast when it is offered them."

It should be observed, that this greediness, far from being an advantage to the child, has often no other result than to fatigue the stomach, and cause sometimes a disease of this organ. It is desirable, then, to accustom the child to take the breast, from the beginning, only at regular intervals, taking care to nurse it frequently, in proportion as the child is young.

We should ascertain if the cries of a child arise from some derangement of its dress, or bed; we sometimes, too, succeed in soothing them, by changing its position, if it has lain long in one posture.

Care should be taken to preserve a proper temperature in the chamber, and above all, not to allow it to remain long wet by urine, or soiled with excrement. Neglect of this last precaution is liable to cause cracks in the groin and breech which are probably very painful; it is customary to powder these parts with lyco-

podium, but we absolutely protest against this custom, for the reason that lycopodium possesses medicinal properties, slightly marked, it is true, but capable, nevertheless, of exercising a bad influence upon the general health of the child. If necessary, we may replace the lycopodium, by the use of a powder of worm-eaten wood, a substance absolutely inert.

The want of sleep, as we have said, becomes sometimes a cause of these cries.

When wakefulness is not produced by a morbid state, one succeeds often in putting them to sleep, by singing a low and monotonous air; this method is used the world over.

As to the administration of opiates, as a means of procuring sleep, and especially the syrup of poppies, of which such monstrous abuse has been, and is still made in certain countries, we cannot denounce it in terms too energetic.

During the first three months, children that are properly cared for, cry but little. But at the fourth month, the period at which dentition generally commences, it is different; it is then only that other means may be necessary to calm them than the breast, or the nursing bottle. One may facilitate the coming of the teeth, by passing the finger frequently over the gums, and by giving them a piece of dry root of marsh mallow to bite upon; but if this hastens and facilitates the protrusion of the teeth, the pain which accompanies it is not lessened. There is indeed no way of

avoiding this, and it is best, quietly to let nature take her own course.

During the period of dentition, children are relaxed and their stools become green They drool, are restless, and cry constantly. Their cries have at this time an acuteness which denotes real pain. They have sometimes cough, or slight ophthalmia, and almost always redness, heat, and a little swelling of the cheeks. If they are constipated, it is well to give them a little whey. As to medicines, properly speaking, it is better not to have recourse to them, except upon the occurrence of symptoms sufficiently marked to constitute a real disease, as for example, violent diarrhea, tympanitis, convulsions, etc. Chamomilla, in these cases, is the medicine to which we should give the preference. It may be administered of the twelfth dilution, or of the twenty-fourth, if there is a predominance of nervous symptoms. Two or three teaspoonfuls, in the course of the day, of a tumbler of water, in which has been dissolved one or two globules of this medicine, will almost always suffice to restore the normal state. Aconite and Belladonna would only be appropriate in the cases, fortunately rare, where dentition has brought on either an intense fever, or signs of cerebral congestion, or violent convulsions.*

Dulcamara administered of a medium dilution, in

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* Belladonna, in this last case, should be administered on the first appearance of the symptoms.

the manner we have just indicated for chamomilla appears to me preferable to this last, especially in lymphatic children, when we have to combat an ophthalmia occasioned by dentition.

I never consider it necessary to give to the nurse the medicine demanded by the symptoms of the child; for if she herself has no need of it, it is not unlikely that she would experience from it, and very uselessly, some unpleasant consequences. It is one of the great advantages of homœopathic medicines that they may be administered to even the youngest and most delicate children, without exciting repugnance.

When the cries of a child are caused by a disease independent of dentition, it is for the physician to ascertain its nature and apply the remedy.

Physicians have sought to deduce from the rhythm, tone and duration of the cries, the character of the disease which excites them. But with the exception of the affections of the air passages, croup, for example, or œdema of the glottis, which causes a peculiar cry, it seems to me impossible to attach to them a symptomatic signification.

Excessive crying, independently of the cause which produces it, has a danger of its own. We sometimes see the efforts which they cause, produce hernia, and even (much more rarely, it is true) cerebral congestions. Beside, as we have said, they express suffering which should be avoided by every possible means

CHAPTER VI.

WEANING.

THE period of weaning is a difficult one, both for the child and the nurse, when one commits the imprudence of entering upon it at an improper time, or without having properly prepared for the transition.

The termination of the first dentition seems to be the time assigned by nature for this change; but we are rarely to be governed exactly by this indication. It appears to me safer and even more logical to be guided by the health of the nurse and the constitution of the child.

When the nurse has but little milk, or milk of a mediocre quality, it is better to hasten the time, in order that the child may have nourishment of a more abundant and substantial quality. In this case recourse should be had to artificial suckling, according to the precepts laid down in the chapter on Nursing-bottles. In this manner we shall be able gradually to substitute solid food in place of milk.

For a weakly and ailing child, it is more necessary to retain the breast of the nurse to a late period than for a robust and healthy one; provided always, that

its feeble state is not caused by her bad health or defective milk.

In any case, it is not when the child is sick that a change should be made in its food, unless the change is made as a means of cure.

If, for example, it is foreseen during the first two or three months that some unavoidable circumstance will soon render it necessary to wean the child, it is infinitely better to proceed to it at once, than by postponing it a month or two, have it occur at the period, always more or less painful, of teething.

We have recently had occasion to verify the importance of this precaution.

A lady had nursed her child but two months when her father was attacked with a disease which was expected to be fatal. The catastrophe was believed to be inevitable. It could not be delayed more than five or six weeks. The lady was devotedly attached to her father, and could not reconcile herself to the idea of his death. It was to be feared, in consequence, that the sad event that she dreaded, without being yet willing to believe, would produce a violent perturbation from which her child could not fail to suffer. We advised her to wean it. She complied the more willingly as the child evidently began already to suffer from her inquietude. Everything occurred as we had anticipated. The father died, and the grief of the daughter was so violent as to produce an illness of several weeks' duration. But

the child experienced no inconvenience from it, when it would perhaps have died had it continued to take the breast.

In some countries mothers make it an almost sacred rule to nurse their children nine months. This comes, no doubt, from the idea that nature intends that the child shall receive its mother's milk, for exactly the same length of time that it lived in her womb. It is, however, one of those superstitious fancies that are totally without foundation.

When from the eighth to the tenth month a child begins to digest without difficulty other food than the milk of its nurse, it is well to habituate it to the change, and to give it the breast less frequently in proportion as it eats more. It should not take the breast until a certain time after having eaten, otherwise, it will be likely to suffer from indigestion. The nurse should especially avoid giving the breast if, after having eaten, it appears to be thirsty; water slightly sweetened is then the only suitable drink.

We say *slightly* sweetened, because the use of sugar is so often abused. This substance, which, when used moderately, aids digestion, irritates the stomach, diminishes the appetite, and produces acidity and spoils the teeth when taken in excess.

In fact, sugar mixed with bread crumbs and placed in contact with a mucous membrane, the tongue, for example, is almost instantaneously transformed into an acid called by chemists *pectic acid*. It follows

then that it is in exciting the stomach in the manner of condiments, and especially of acids, that sugar aids digestion. But we can easily imagine the effects upon the economy of this artificial stimulus, when from being repeated every day, its use becomes a habit, and the stomach can no longer do without it. The digestive power is lost, the breath becomes sour, and the teeth, constantly bathed in an acidulated saliva, undergo a slow decomposition, which destroys the enamel, turns them dark, renders them brittle, aud finally produces caries.

I am aware that individual instances may be cited of persons who have all their lives consumed large quantities of sugar, and who have nevertheless attained to an advanced age with very fine teeth. But, these are constitutions so privileged and robust in all respects, as to resist the most extravagant and disorganizing regimen. A particular idiosyncrasy, or perhaps a natural predominance of the alkaline principle in the saliva, and the gastric juice, may suffice to explain these exceptions.

It is a matter of common observation, that the secretion of milk, like that of all the other glandular fluids, becomes abundant in proportion as it is frequently solicited; the contrary proposition being but a rigorous corollary from this, it follows that, in proportion as the breasts are less frequently drawn, the milk will diminish, and thus by lengthening gradually the intervals of nursing, the nurse will avoid both for

herself and for the child, many of the inconveniences of weaning.

Rosen advises, that when it is finally determined to withdraw the breast, the nipple should be rubbed with some bitter substance, like the extract of wormwood, whose disagreeable taste would not fail to deprive the child of all desire for it.

Much has been said, and much written upon the nature of the food which should replace the mother's milk. Physicians agree upon this point, that the lightest and most digestible substances should have the preference, and by one of those inconsistencies so common, they agree again in prescribing the most indigestible things in the world, to wit: cow's milk, pap and panada. Happily, the error they commit, consists less in prescribing these substances to children, whose gastric activity readily accommodates itself to them, than in calling them, as a general rule, easy of digestion. The majority of adult stomachs find milk and pap of difficult digestion; children digest them much better, but they, especially at a certain age, would do quite as well with a diet of meat broth. A bit of roast beef is the habitual plaything of English children; they suck it and bite it with their gums, and it has thus the double advantage of nourishing the body, and facilitating the protrusion of the teeth.

An excellent food, much preferable to pap, and which children may take from the hour of their birth to that of their weaning, and afterward, is a sort of

broth much used in Germany, and in the north of Europe, prepared with milk, warm water and grated biscuit. But the biscuit of which we speak, does not in the least resemble the fancy article sold in France, under the same name. It is a kind of very light and firm cake, nearly resembling, with the exception of the flavors, which are left out, what is sold in Paris, under the name of *biscottes*. This biscuit may be replaced by wheat bread, cut in slices, and dried in an oven; the dried bread is then grated and boiling water poured upon it, a little sugar is then added, and lastly, some milk. The younger the child the thinner should be the mixture.

It would be well to vary the food of infants, by alternating this preparation with a porridge made of semolina, sago, etc.; but, as a general rule, they should not be kept upon an exclusively milk diet after their first year, and if there is any predisposition to scrofula, it may be necessary, at this period, to deprive them of it entirely.

Lastly, there is above all, an essentially restorative and tonic agent, imperatively called for by children of whatever constitution, to wit: the open air. "It is especially in the earlier years of life," says Jean Jacques Rousseau, "that the air acts upon the constitution of children; it penetrates their soft and delicate skins, by every pore, affecting powerfully their growing bodies, and leaving upon them impressions, which are never effaced."

CHAPTER VII.

SECOND PERIOD OF CHILDHOOD.

The physical and moral education of children, must be regulated, in each case, by a multitude of different circumstances, such as constitution, sex, climate, character, intellectual aptitudes, etc., etc. There are, however, certain hygienic rules applicable to all; and a summary exposition of these rules will form the subject of the present chapter.

Notwithstanding the sophisms of Rousseau, who professed to commence the reformation of humanity by imposing upon it a sort of Pythagorean diet, man is essentially omniverous; that is to say, he is intended at once to eat grains, fruits, roots, herbs and the flesh of animals. This is shown by the conformation of his dental system and digestive apparatus; and we see him in all parts of the universe, instinctively conforming to this natural tendency of his organization.

It is true, his tastes, or rather, his wants, vary a little in the different latitudes in which he is forced to live. Men in cold countries, consume larger quantities, and live more especially upon animal food, than the inhabitants of warmer latitudes. The physiological reason of this difference is easily understood, but its

explanation does not belong to our subject. The only point upon which we are called upon to express ourselves, is this: Is it proper that children should live in the same manner as adults?

It is understood that we speak here of children of a certain age, and not of those who are still at the breast. But if, in the opinion of all the world, it would be absurd to confine the latter to the kind of food proper for adults, it would be but little more reasonable to submit them to it from the day that they are weaned.

In nature everything operates by gradual transitions. The teeth of children, have not the solidity of those of men; they require, then, food which is easily masticated. And again, their stomachs, accustomed only to milk and liquids, would not long bear up under the necessity of digesting only solid substances and strong meats. Thus the instincts of children, lead them to prefer tender and juicy food, cream, blanc-mange—gelatinous meats have almost always their preference; and it is only gradually, that we see them accustom themselves to eat like their parents.

Children digest rapidly; growth in them facilitates assimilation; the least abstinence depresses them, and if prolonged, would very soon be prejudicial; they should then eat often. But however frequent their repasts, it is important that they should be taken at regular hours; otherwise they will eat the greater part of the time, without appetite, without need, and

sometimes, for want of something else to do, or for the sake of amusement. Now nothing is more pernicious to their health, than this bad habit that they contract so easily, of constantly disturbing, by a useless repast, the still unfinished digestion of the last one taken.

Children who live in this manner, are almost always pale, delicate, suffering, and without ardor for study, or even for play.

A vegetable diet, and especially the habitual use of pastry and farinaceous food, are thought, like milk, to favor in children the lymphatic temperament, and consequently scrofula. We believe this opinion well-founded; but, I think at the same time, that the permanent action of a cold and humid atmosphere has far more to do, than a vicious alimentation, with the grievous results attributed to this cause. The brisk air of mountains, on the contrary, produces an opposite effect. Thence comes that softness, flabbiness and decoloration of the flesh among the inhabitants of the gorges and low places, while a sanguine temperament, activity, vigor and courage, are in all parts of the earth distinguishing traits of mountaineers.

Unfortunately, man has not the privilege of choosing where he will be born, and rarely the choice of the country where he will pass his life.

But if the influence of climate, when it is of an injurious nature, is an irremediable evil, it behooves us, when forced to struggle against it, to diminish as

far as possible its effects, by means of a tonic alimentation. The English, in this respect, have perfectly comprehended their situation, and reason among them has corroborated instinct. This is why they turn their fields into pastures, and give their children more roast-beef than bread.

A child in good health should have an appetite. The absence of appetite, among children, is then always an indication either of a disease, more or less latent, of the lack of exercise, or of some vicious habit which we should endeavor to discover. It would in any case be rendering them no service to oblige them to eat without being hungry; for whatever they eat in this manner, so far from being beneficial to them, would in all probability but augment the disorder of their health.

Some children manifest an invincible repugnance for particular articles of food. To constrain them in this respect, appears to me unwise. It is better to leave the matter to time; it will change their tastes, if these ought to be changed. But, we have unquestionably instincts which indicate what is proper for us, and the natural repugnance which we experience for certain articles of food, is proof that these are not adapted to our stomachs. Then, of what use is it to torment children for trifles? They have always enough of inevitable trouble, without our procuring it for them now, under the vain pretext of sparing it to them in the future.

Nevertheless, when children manifest a morbid appetite for acids and green fruits, we may mistrust the state of their health; for even although these substances should not seem to incommode them, the very facility with which their stomachs support them, proves that there is something abnormal in their condition. We should not forget, beside, that children are as fond, and even more so than men, of excited sensation, and that their desires are consequently far from being always an expression of real wants.

Independently of a regular and well chosen diet, many circumstances are still necessary to the health of children, and to the free development of their physical powers. Habits of cleanliness, for example, are of rigorous necessity.

They are to be bathed, as we have said, at the moment of their birth, and there is no reason why this bath should not be daily repeated. This is one of those good habits which, once formed, cost nothing, and may be continued through life to our infinite advantage.

Be it well understood, however, that these ablutions should always be made with cold water.

Cold water is a tonic which renders the skin firm and fortifies it against inclemencies of the weather. Children should then be accustomed to it from the first week of their birth. In no country, in no season, can cold baths, or cold ablutions cause danger or any serious inconvenience, and it is only important that

the baths should be taken quickly, in proportion as the temperature of the water is low. Reduced to simple and rapid immersions, they can have no other effect, even in the midst of winter, than to excite in the surface a salutary reaction, provided that the skin be properly dried, and that the bath be followed by a little exercise.

After what precedes, it is useless to add that we approve, in summer, of river and sea bathing. The bath is beside, in this case, an opportunity for taking exercise. The custom of teaching girls as well as boys, to swim, has gained ground within a few years past in our large cities, and it is to be wished that this custom might spread rapidly in the provinces, and especially in certain parts of the country, where the most intolerable want of cleanliness is still common.

Children should be combed every day. This recommendation, which among well-bred people will appear superfluous, and even puerile, will on the other hand seem extravagant to more than one peasant. We could cite many villages of Bretagne or Franche-comte, where the children are literally devoured by vermin, under the fine pretext that *they are a sign of health.*

It would be difficult to indicate the origin of this revolting maxim; but, it is pretty certainly a false one.

In fact, the spontaneous production, in the hair of children, of these repulsive parasites, is really a

symptom of disease, or at least of a bad condition of the body, which ought to be corrected.

In some countries, mercurial ointment is resorted to for the purpose of destroying them. This, in truth, is an expeditious mode; but it is not less dangerous than prompt. Its most common result is to repel upon the organs of the senses, or upon the brain, the morbid action which was existing in the scalp, and hence, to produce deafness, amaurosis, ophthalmia, and often even fatal meningitis.

The children among whom these parasites are spontaneously engendered, are pale and emaciated, or bloated. They are subject to chilliness, on the least exposure to cold; lymph is abundant, the blood is poor and circulates badly. They have generally blue eyes, and light hair, with an earthy or diaphanous skin, and in a word, all the signs of the lymphatic temperament.

These parasites most commonly make their appearance between the seventh and twelfth years, in those who are subject to them at all.

A species of tinea capitis, most frequently the tinea favosa, very often accompanies them, and as a consequence of this last, engorgements of the parotid, and submaxillary glands, and of the cervical ganglions, are not unfrequently superadded.

Children in this state, require the immediate care of their mothers; a good regimen is the first condi-

tion of a return to health; that of boarding schools is generally fatal to them.

The spontaneous generation of vermin, constituting, as we have said, a really morbid state, it is evident that combing frequently, will not alone suffice to remove them; but it is at least incontestable, that to neglect it, augments to an almost intolerable degree, the discomfort they occasion.*

I shall say but little of the dress suitable for children—the subject is worn out—exhausted; there are nevertheless, abuses which still exist.

All the world knows, for example, how pernicious to young girls, is the use of corsets. If they are badly made, they deform the figure; if they are well made, they exercise upon the lungs and the abdominal viscera, a compression fatal to the development of these organs.

I do not hesitate to pronounce them among the most frequent causes of phthisis pulmonalis, aneurism, gastralgia and spasms of the stomach; and especially, in consequence of the obstacle they offer to the circulation, and free return of the venous blood to the heart, it appears to me evident, that they have the effect of keeping up a sort of passive congestion of

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* *Sulphur* and *Dulcamara*, which are the specifics for *tinea favosa*, are at the same time, those of the verminous diathesis which accompanies it.

the organs of the abdomen, and thus causing the greater part of the affections of the womb with which women are so often affected.

"The use of corsets," says Hartlaub, "is very injurious to young girls, and ought to be entirely prohibited, unless indeed, they are made so large as not to cause the slightest pressure. It is an error to suppose that corsets are necessary to sustain the mammæ, and maintain the upper part of the body in a vertical position. Instead of this, they actually hinder the breasts from taking a regular conformation, and render them soft and flabby. They impede the action of the muscles, especially those of the back weaken them and render them incapable of sustaining the body erect; from whence results, as may be remarked in the majority of women, the impossibility, without external support, of holding the upper part of the body in a proper position; and to nature is attributed a fault, produced by the means employed to correct her pretended imperfections. An incontestable proof of this truth is, that boys, who do not wear corsets, generally stand and walk with more grace and firmness than girls. The want of exercise, however, is not without its influence in producing that relaxation of the muscles, which causes the bodies of many women to yield when their corsets have been removed. Finally, the whalebone placed in the back of the corsets to sustain the eyelets, twisting and bending little by little, alternately in different direc

tions, produces an unequal pressure, which joined to other causes, may contribute to produce a more or less considerable curvature of the spine."

It is beside, easily understood, that corsets are the more injurious to young girls, in proportion as they are delicate and undeveloped. We think, decidedly, that if they must absolutely wear them, they ought not at least to commence their use before the age of twelve or thirteen years. And then, we hasten to add, they must be worn loose and without a busk.

In general, all kinds of pressure produced by dress, is injurious to the health of children of either sex.

It is then essential that their clothes should be large enough to allow the most entire freedom of movement. They should be light without being cold, but it is especially important, that they should not be too warm. To cover children unnecessarily, with the idea of avoiding cold, is just the way to provoke the evil it is intended to prevent; for they become more sensitive to changes of the atmosphere, the less they are habituated to bear them.

Beside, to surround children with excessive precautions, evinces misconception of their destiny, and a lack of proper foresight with respect to them. "A mother fails in her mission," says Jean Jacques Rousseau, "when she makes an idol of her child,—when she nurses his feebleness to prevent him from feeling it, and, hoping to screen him from the laws of nature, protects him from all rude effects and impres-

sions, without thinking how, for the sake of saving him a few temporary inconveniences, she accumulates future evils upon his head, and how barbarous a precaution it is to prolong the feebleness of the child, to that period, when he must endure the fatigues of the man. Thetis, in order to render her son invulnerable, plunged him, says the fable, in the waters of the Styx. This allegory is clear and beautiful. The cruel mothers of whom I speak, do otherwise: by plunging their children into effeminacy, they prepare suffering for them, and open the door to evils of every kind, of which, afterward, they do not fail to become the prey."

The author of Emile, one or two pages farther on, adds:

"Experience proves, that more of those children die, who are delicately reared, than of those who are more exposed, and, provided one does not go beyond their strength, we risk less by accustoming them to the hardships they are, in all probability, destined to support at a later period. It is well to harden their bodies to the changes of the seasons, the climates and the elements—to hunger, thirst and fatigue—to dip them in the waters of the Styx. Before the habits of the body are formed, we can give those we wish, without danger; but when once fixed, change becomes perilous."

We perfectly agree with Rousseau in these opinions.

After the quotations we have made, it is hardly necessary for us to say how much importance we attach to corporeal exercise, in the education of children. The open air and exercise are almost as indispensable to them as the food they eat.

Deprived of this double stimulant, all their functions are deranged—they only half exist. Their faces become thin; they no longer eat, or have capricious appetites; their fibers become relaxed, and their muscles atrophied. They become irritable, weak and cowardly, and the least effort overcomes them. If, at the same time that they are condemned to this deplorable inaction, a constant effort is made to excite their young minds, it may be that, for a time, these will gain, at the expense of their bodies; but not very long; these little prodigies, as they are called, will not live, or if they live, they will probably be but men of moderate abilities.

The sterile precocity of these unfortunate children, resembles those insipid fruits, whose maturity is forced by warming the roots of the tree which bears them.

Let us remark beside, that the intellectual education generally given to children, has, independently of the radical vice of being premature, the not less injurious one of perverting the judgment, and spoiling the character. Instead of addressing the reason, little beside the memory is cultivated; instead of being contented to inculcate in them a love of goodness, for its own sake, they are only excited by the van

ity of surpassing children of their own age. Hence that fever of self-love with which we are inoculated in our cradles, by the vanity of our parents; a fatal and tenacious fever, that no remedy can cure, whose paroxysms every day renews, and which constitutes the misery of mankind. But this does not belong to our subject.

It does not require a great effort of intelligence to comprehend the happy effects of gymnastic exercises, upon the development of the human body. It is a truth of such common observation, and so incontestable, that it would be superfluous to demonstrate it here. Those occupations which exercise a part of the body only, give to this part, as every one knows, an extraordinary preponderance of strength. Everybody has remarked, for instance, the prominence of the shoulders of bakers, who exercise daily the *deltoid* muscles. A muscle of the fore-arm, called the *pronator radii teres*, acquires almost always in blacksmiths, such a volume, that their profession has been frequently recognized by this sign alone. Now what partial exercise can effect for one muscle, general exercise can do for the whole body.

Among the ancients, Gymnastics were the foundation of education. The Spartans attributed to this cause, and with reason, their vigor, both of soul and body. Perhaps it would not be an exaggeration to say, that it was to this also, that the Greeks owed, for a long time, their independence.

The tendency of modern civilization has been, to assign to Gymnastics but a secondary place in the plan of education.

Formerly, the physical prevailed over the moral man; it is so much the contrary, in our days, that one is tempted to believe, from the manner in which many parents raise their children, that in the human duality they consider the body as the accessory part. In modern times, we do for our animals, precisely what the Greeks did for their children. The cattle-breeders of Perche, of Normandy, and of Yorkshire, seem alone to have profited by the example of the Spartans; but does it not seem a strange mockery, in view of the prodigies effected by training upon cattle and horses, that no effort is yet made, by anthropologists, in favor of the physical amelioration of the human race!

Nevertheless, let us be just. England has her boxers, as the Peloponnesus had its wrestlers. This savage passion of the English for pugilism, has it not its good side, and may not the human training, methodically practiced in London, for a detestable purpose, be destined, in changing its object, to introduce certain rules of hygiene into our habits, whose benefits it will be almost impossible properly to appreciate?

A professor of the Faculty of Medicine of Paris, M. Hyppolite Royer-Collard, published a few years since, a memoir on this subject, full of interest.

The English boxers, before their appearance in the ring to fight, as formerly the gladiators of Rome, or the beasts of the circus, are subjected for several months, to a regimen of which the effect is to remove every trace of adipose matter, and replace the fat with muscular fiber. They are, in a word, trained exactly like race-horses.

Experience proves, and this is the important part of the matter, that this regimen produces no inconvenience, but triples the strength, and consolidates the health. Here is then, for the hygienic physician, a grave subject for meditation, and M. Royer-Collard, has treated it with all the gravity it deserves.

It is not impossible that, when a few years' experience shall have extended our notions, yet too vague on this interesting subject, we may be tempted to treat of it somewhat more at length than at present.

CHAPTER VIII.

ONANISM.

ONANISM is the saddest abuse man can make of his body. It is, par excellence, the shameful vice, the vice of feeble souls; a sort of negative passion, in which all other passions are extinguished. Shame to the man who abandons himself to it! Woe to the poor child who is, through neglect, permitted to contract it!

"It is toward the twelfth or thirteenth year," says Hartlaub, "that the sensual instinct is awakened." This assertion would undoubtedly be true, if man was always born and developed in the normal conditions of his original nature. But it rarely so happens. Civilization depraves his mind and his senses, and but too often gives him an unfortunate precocity, which some are foolish enough to admire, because they see its advantages, without discovering its dangers.

There is a multitude of children, of both sexes, who are liable to contract this habit at the age of five, four, or even three years.

This incomprehensible and fatal sensuality does not, assuredly, proceed in children from a depraved moral state; but is the symptom of an unhealthy surexcita-

tion, whose sad effects often survive their cause, and seldom fail to become habitual, if not promptly remedied.

Let us observe, nevertheless, that independently of all accidental or pathological cause, there are children prematurely impelled to sexual excesses, by a congenital vice in their nervous system.

Gall's system, verified upon this subject by innumerable facts, may serve here as a guide.* The children of whom we speak, have the occiput prominent, and the cerebellum manifests, by two large protuberances situated immediately above the nape of the neck, its relative preponderance in the encephalic mass. It is unnecessary to say that these children require a special surveillance.

Volumes have been published upon the physical and moral results of onanism. The truth is, that it alone makes greater ravages in the economy than all the other passions together. It is the scourge of infancy. Like the foul worm, which devours and corrupts the fruit before its maturity, it exhausts the sources of life, frustrates all its manifestations, and secretly consumes, without giving them time to act, all the springs of the human organism.

We shall rapidly indicate the signs of this deplorable monomania; after which, we shall point out the means of combating it.

* According to Gall, the cerebellum is the seat of the sensual instincts.

The first sentiment that this species of sensuality awakens in children, is a sort of bashfulness, incompatible with the innocence natural to their age. Bashfulness, in fact, springs from a more or less definite notion of sexual indulgence. It is the fig-leaf with which Eve, after her fall, covered her nakedness. The bashfulness of a child of ten years is always suspicious.

But this sign alone should not be considered sufficient to determine the judgment of the observer, unless corroborated by observations of a different kind.

Children who are so unfortunate as to acquire this habit, carry in their external appearance, as well as in their character, certain characteristic features.

They are commonly pale and thin; their drooping eyes are surrounded by a bluish circle; there is an uncertainty in their look, which seems to fear the observation of those around them; they are feeble, cacochymic, chilly, apathetic. Everything fatigues them; or rather, they are always fatigued. The least movement makes them perspire, and puts them out of breath; they dread play as much as study.

They, nevertheless, eat a great deal; and one is astonished to see so much nourishment profit them so little. Sometimes, on the contrary, they lose all appetite, or have only capricious tastes.

Their character is unequal, irritable, sullen. They are abstracted, taciturn; disposed to weep; indiffer-

ent and susceptible. The necessity of concealing a vice, of which they have the consciousness much sooner than one would believe, and of which they fear to be suspected, renders them timid to excess, dissimulating, and false.

Their intellectual faculties suffer from the debility of their bodies. They are abstracted, and incapable of continued attention to anything whatever. They are accused of being indolent, and they are so, in fact; but their indolence is caused by exhaustion. The memory soon suffers, and to learn anything by heart is beyond their strength. If an attempt is made to compel them, their useless efforts only end in complete discouragement. If they are punished, they resent it, and finish by hating their masters, their parents, and all human kind.

Thus years pass away, years of misery and tears, leaving after them but bitter regrets and remorse. Then comes adolescence; the child becomes a man. Reason in him strives to master instinct; but whether it succeeds or not, it is too late: the evil is done; a debilitated body, blunted senses, an uncultivated mind, a blighted soul—such are the fatal consequences of a childhood polluted with onanism.

The unfortunate children infected with this pest, seek solitude, particularly avoiding the society of children of their own age, whose presence disturbs, embarrasses, and humiliates them, if they believe them pure. They only approach those in whom they have

discovered the same shameful sensuality which devours themselves; but to these they readily attach themselves. Such is, in fact, the nature of the human soul, that it feels itself incomplete in isolation, and even in its turpitude seeks sympathy.

The choice of associates for children, is, then, one of the principal points to which maternal solicitude should be directed. Vice has its affinities and its masters, and this is one of those which is communicated, and the gangrene with which it inoculates, soon extends to the heart.

This vice is often the unknown cause of a throng of chronic affections.

Like all other disturbances of the nervous apparatus, it enfeebles the senses, confuses the mental faculties, and even, in some cases, produces softening of the brain. St. Vitus's dance, epilepsy, idiocy, insanity, and spleen, are the immediate and much more frequent effects than is generally believed.

As for the secondary phenomena to which it may give rise, they comprehend all the diseases commonly referred, by homœopathic physicians, exclusively to psora, of which it must always be a powerful auxiliary. For example, it undoubtedly accelerates the development of pulmonary phthisis, if it is not in many cases the first and generating cause of tubercles.

But if onanism should occupy an important place in the etiology of morbid affections, it is not very

seldom, that it, in its turn, is the result of a pre-existent disease. It is, in fact, well known, that the presence of worms in the intestinal tube, and especially of ascarides in the rectum, often occasions in little girls a vaginal discharge, accompanied by a slight itching, which may reveal to them the secret of sensations that they would not otherwise have suspected.

These discharges, which are sometimes produced by onanism itself, are also often caused by pathological states very different from the verminous affections.

We shall necessarily allude again to this subject in treating, in the second part of this little work, of the chronic diseases of children, and we shall then point out the cases in which onanism, as a secondary and purely symptomatic phenomenon, commonly yields with the disease which caused it, to the medicines indicated.

We shall, then, at present, only occupy ourselves with idiopathic onanism, if we may so speak, and with the hygienic and moral means to be employed for its cure.

There is no particular diet for otherwise healthy children, addicted to this vice. The regimen which they should follow, is that which is suitable for all children of their age. But it is important that this regimen should be rigorously imposed.

Spices, venison, salted or smoked meat, all highly-flavored dishes, are especially injurious to them.

Pepper is a poison we should be glad to see forever disappear from our culinary preparations. It is sufficient to read the pathogenesis of pepper to become convinced of the dangers to which this condiment exposes one, and of the daily abuse which is made of it. Children should be completely ignorant of its flavor.

We extend the same proscription to all spiritous drinks, and especially to pure wine, which is sometimes given to little boys, and even to little girls, under the insane pretext of fortifying the stomach. Pure wine, like all other alcoholic drinks, momentarily increases the action of the vital forces, in accelerating the circulation; but this factitious excitation is always ephemeral, and the depression which follows sufficiently proves, that what a superficial observation takes for an increase of strength, is really but a useless vitiation of the principle of life.

There is another substance in general, almost universal, use, of which fashion has made an aliment, in spite of reason, and whose effect is, unhappily, not less pernicious to children than that of pepper and alcohol: we allude to coffee.

Hahnemann, in 1803, published an interesting memoir upon the effects of coffee. It is, as one may say, a formal indictment of this pleasant beverage. But while dissenting from what we consider the exaggerations of Hahnemann—exaggerations which he himself admitted thirty years later—we venture to affirm, upon the testimony of our own experience, that

the daily use of coffee is the cause of a throng of diseases. Leucorrhœa in women; impotence in men—that infirmity so frequent and so premature in our day—nine times in ten has no other cause.

Coffee is one of the special excitants of the genital organs, and the disturbance it produces is so much the more dangerous, as the imagination partakes of it. Coffee is, therefore, a real poison for those already inclined to onanism.

There are, nevertheless, many families, especially in the provinces, where coffee is habitually given to children with their breakfast!

Among the products of the soil of which the artificial taste of modern society has made eatables, there are many substances equally objectionable with those we have just proscribed: such as horse-radish, black radish, celery, garlic, juniper, parsley, water-cresses, angelica, and, generally, all aromatic plants.

We do not pretend here to decide whether these vegetables really are, or are not, alimentary substances which an adult may use with impunity; but what we do insist upon is, that they are positively unwholesome for children, and especially pernicious for those to whom this chapter more particularly refers.

"These children," says Hartlaub, "should sleep upon hair mattresses, and not upon feather-beds; they should be lightly covered, and they should not be permitted to eat too late, as digestion, when taking place during sleep, exerts an influence upon the sexual

organs, which occasions voluptuous dreams." They should also be lightly dressed, and should take enough exercise during the day, to insure them a tranquil sleep, undisturbed by the phantoms of the imagination.

Some physicians have promised themselves great results from mechanical contrivances, for the remedy of this evil, such as night-gowns, with long sleeves tied over the hands, and fixed upon the breast by means of a handkerchief across the shoulders. These coercive expedients inspire us with but little confidence. They may, however, be useful for very young children, for those who are so confirmed as to pollute themselves during sleep, and, in short, for those in whom this practice has already produced imbecility.

The others have the consciousness, if not of the injury they are doing themselves, at least of the reprehensible nature of the act, since they are ashamed of it.

Let parents, then, not hesitate to put an end to the matter at once, by entering openly upon an explanation with them. It is, undoubtedly, a delicate subject, and difficult to treat judiciously; but explanations are indispensable.

It is necessary to proceed with tact, and, above all, with calmness. Threats and severity would be unseasonable; they would only, in a majority of cases, alienate confidence forever, and substitute hypocrisy Let one be content, then, to represent to the child, in

a forcible manner, but without anger or bitterness, the real evils sure to result from this shameful practice, and to trust to the salutary impression which this can hardly fail to make upon his mind, if the admonition is made in a suitable manner, and at a proper time.

It is understood, however, that vigilance should not stop here, blindly trusting to a promise of future good conduct, a promise which the strength of habit may so soon cause to be forgotten.

Masters, servants even, if they are worthy and capable of playing such a part, should be taken into confidence. A complete system of surveillance should surround the child, night and day, enveloping him like a net-work, even in his most secret acts.

Solitude and idleness being for him beset with danger, he should never be allowed to be either alone or idle ; he should be removed from the influence of bad example, of bad books, but especially of bad society.

The best possible means would be to create an occupation for him which would be sufficiently attractive to excite a real passion ; for a new passion is the surest means of extinguishing an old one.

To counterbalance one faculty by another—to extinguish the bad by calling forth the good—such is the general plan of all good systems of education.

CHAPTER IX.

REGIMEN DURING HOMŒOPATHIC TREATMENT.

ALLOPATHIC physicians, and those who echo their sentiments, are accustomed to say that Homœopathy is but a sort of *médécine expectante;* that is to say, a do-nothing system, and only cures diseases by means of the regimen imposed.

This common-place, which does not deserve a serious refutation, proves but one thing—the absolute ignorance of those, who repeat it, touching the principles of the Hahnemannian doctrine, and the marvelous efficacy of the infinitesimals.

We are a little curious to learn, in fact, by what singular privilege it is, that the diet prescribed by homœopathic physicians, instead of the same diet prescribed by their adversaries, should have the inconceivable virtue of curing croup, meningitis, scarlatina, and many other acute diseases which, under the expeditious lancet of the physiological school, prove so frequently, and so promptly fatal. Are the detractors of Homœopathy then sincere, in thus interpreting its success? If so, it must be admitted, that medical rationalism, is still more absurd in its polemics than in its theories.

It is true, (and so far from denying, we proclaim it) that Homœopathy has, better than any other school, appreciated, and given reasons for the importance of diet. She could not then, without inconsistency, refuse the aid of an auxiliary whose power she so well understood.

But nothing could be more unjust, than to attribute her cures to any regimen whatever. Patients affected with chronic diseases, which nature alone never cures, are seen every day to recover under the influence of the infinitesimals, without having confined themselves at all, to any particular diet.

I admit, however, that these cases ought to be considered as exceptional, and nothing is more easy to understand.

In fact, in order that a remedy should act with certainty in the sphere of its specificity, it is clear that its operation should not be disturbed by the intercurrent action of other medicinal agents; and this is so much the more evident, from the fact, that it is not impossible that among these, might be found precisely the antidote to the medicine administered, and upon which the physician founded his hopes of success; and what can be expected from a medicine constantly neutralized?

But supposing even that this neutralization does not take place, is it probable that several medicinal agents would act simultaneously in the economy with as much certainty, as if each one operated alone? Un-

doubtedly not, and, from the instant that it was proved by observation and experiments, that tea, coffee, acids, and dentifrices, such as l'eau-de-Botot, and in a word, all odoriferous substances, are medicinal, we are logical in absolutely proscribing them.

Let us add, nevertheless, that if for a long time the patient has been habituated, and without sensible inconvenience, to the use of some one of these substances, the physician may, in particular cases, be less rigid. Hahnemann, for example, willingly tolerated in his patients the use of the pipe, and I, for myself, believe that the use of an infusion of black tea, when the patient is accustomed to it, is not injurious in the treatment of chronic disease. But this toleration can never, in any case, be extended to coffee, perfumes, or dentifrices.

The character of the disease, the temperament of the patient, and especially the nature of the medicine prescribed, should determine the physician with regard to the severity of the regimen to be observed. An excess of rigor, when one does not fear to discourage the patient, is preferable, in general, to the opposite course.

Tranquillity of mind, is a condition not less important to the normal action of remedies, than abstinence from prohibited food.

It is difficult to realize how great an influence mental emotions exert upon the course of diseases; they may derange the action of the medicines completely.

A hundred times, in experimenting upon myself with substances whose pathogenesis I was studying, I have remarked the entire, instantaneous and final disappearance of the most marked symptoms in consequence of some surprise, a disagreeable accident, or any lively emotion.

The ardent and sensitive minds of children, expose them still more than adults to shocks from sudden and violent external impressions, and they should be as much as possible protected from them, as well as from all useless irritation.

As to the quantity of food that they may be permitted to take in the course of a disease, we may easily conceive that it depends entirely upon circumstances. All that can be said in this respect is, that with the exception of cases of very acute inflammation, Homœopathy is opposed to dieting; that is to say, to that absolute abstinence which has so often, with the aid of venesection, conducted the victims of Broussaisism to the grave.

A few practical indications concerning the drinks to be allowed when the patient suffers from thirst, as is the case in all fevers, will finish this chapter.

Everybody has remarked that, upon this point, Allopathy is not over scrupulous. Citric and even sulphuric lemonades, infusions of linden, chamomile, wild poppy, hops, etc., decoctions of dog-grass, burdock, and sarsaparilla, solutions of carbonate, or of tartrate of soda, etc., etc., are, for the physician of the

Old School, so many soothing drinks, that he prescribes at hazard, without expecting from them any effect, and without attaching the least importance to whether the patient takes one in preference to another.

With us Homœopathists, it is different; the greater part of infusions and diet-drinks, far from seeming insignificant, have, in our eyes, the serious objection of being medicines. They are consequently indiscriminately stricken out from our therapeutics.

The only drinks we tolerate, are those which quench the thirst, without being displeasing to the taste, such as slightly sweetened water, toast water, and a decoction of dates, of jujube, or of raisins.

Everybody knows how to prepare toast water; throw a few tumblers of boiling water upon a slice of toasted bread, add a little sugar, and cool for use; such is the recipe for making it.

As for the decoctions of dried fruits, it is superfluous to say how they are prepared. It is important that they be not too strong. Those of Malaga raisins generally please children.

Drinks should be taken of the temperature of the apartment, in chronic diseases; and tepid, but not warm, in the majority of acute affections. It is desirable that they should satisfy thirst without producing other sensations.

PART II.

DISEASES OF CHILDREN.

Children are exposed to the greater part of the diseases which attack adults. There are, however, a certain number which are peculiar to them, or which assume in them a gravity that they have not at a more advanced age. These last will naturally form the special object of our attention. As to the order which I propose to follow in their description, I confess it is almost arbitrary. I have said, in my Introduction, that a philosophical classification of diseases is not yet possible. I shall, therefore, content myself with grouping those of which I shall give the history, according to the sensible analogies of their prominent symptoms. This mode of proceeding, vicious without doubt, in this, that it brings together, upon the faith of physical notions, sometimes illusory, affections probably very dissimilar in their essence, is without inconvenience, from the moment we admit it as purely conventional.

DISEASES OF THE SKIN.

The generic name, *exanthemata*, is given to all diseases of the skin. A very small number of these exanthemata result from an irritating action, exercised upon the cutaneous envelope: the greater part are only the apparent symptoms of miasmatic affections diffused in the economy.

The means employed by the Old School to combat these exanthemata are generally pitiable and sometimes monstrous. I shall not stop to describe them; but, I do not hesitate to attribute to them a great part of the incurable diseases and infirmities, which we so often meet with in old people, and even in individuals still in the flower of their age.

ACUTE EXANTHEMATA.

ERYTHEMA.

This name is given to the partial and circumscribed redness of the skin, caused either by the constant attrition of two contiguous surfaces, or the contact of acrid or irritating matter, such as urine, perspiration, and even fæcal matter, when in nursing children these are not promptly removed; it is also caused by exposure to the sun.

In the former instances, the erythema has received more especially the name of *intertrigo*. It is observed most frequently in the arm-pits, between the thighs, on the neck, at the anus and in the groins. It is often

accompanied by an albuminous secretion or a disagreeable odor; but sometimes also, the affected places are dry, and are then attended by the production of scales or scabs.

Frequent lotions of tepid water, almost always suffice to prevent and to cure this species of erythema; if this, however, is ineffectual, we should have recourse to medicine, and that which deserves the preference, is chamomilla.

The efficacy of chamomilla, in this case, is proved by the frequent result of the abuse which is made of it. Nothing is more common than to see in little children, an intertrigo come on after they or their nurses have taken an infusion of the flowers of this plant. The natural remedy then is, the antidote of chamomilla, that is to say, *ignatia* and *pulsatilla*, taken alternately in small doses at short intervals.

Mercurius sol., thirtieth dilution, a few globules in a glass of water, taken by teaspoonfuls, every six hours, would suit in a case where the intertrigo is very painful, and the parts affected are raw.

The erythema caused by insolation, is commonly manifested on the face, neck and hands; that is to say, on the parts most commonly exposed to the sun. The redness in which it consists, turns readily to a copper brown or purple, and is accompanied by an intense burning. Abandoned to itself, this affection lasts two or three days, and terminates by desquamation of the epidermis. It is not dangerous;

it is, however, of sufficient importance to be treated, especially when seated upon the face or scalp. We have seen it, in this last case, occasion delirium, and all the symptoms of meningitis, and this disagreeable complication sometimes develops itself before any remarkable redness of the skin has been observed—a circumstance to which we would call the attention of physicians.

Rhus toxicodendron, of a medium dilution, in repeated doses, is the specific for erythema produced by insolation.

CRACKS.

Cracks in young children have the same cause, and call for the same treatment as intertrigo. *Mercurius sol.*, when they are very painful, and *pulsatilla*, when we may attribute the febrile state, which accompanies them, to the use of *lycopodium*, with which they may have been powdered.

BURNS.

As this disease, or rather the affection produced by it, is not more common to childhood than to any other age, we shall not give the subject the extension it would admit of in a treatise upon surgery. That which especially characterizes the species of disorganization caused by burns, however slight, is the intense pain, which accompanies it, and the slowness with which this disorganization is repaired; but it must be observed also, that the various modes of treatment

adopted by Allopathy for these accidents, contribute not a little to their gravity and to the persistence of their effects.

I have already pointed out, in my Introduction, the objection to immersion in cold water. I return to this point, for it is of the first importance, and comprises in itself the whole spirit of the Old School. Whether the burn has caused only erythematous redness of the skin, or has produced phlyctæna, or destroyed the whole thickness of the cutaneous membrane, I pronounce, in all these divers cases, cold applications an error.

As to astringent or acidulated lotions, compresses or pledgets saturated with lead or opiate ointments, etc., I have seen them employed a thousand times without any decided advantage.

The only local application of which I recommend the use, is a layer of cotton moistened with sweet oil of almonds, renewed twice a day.

In a case, however, where the falling off of the blister has exposed a large surface of the true skin, it is better to apply the oiled cotton *mediately*, that is to say, over a compress of fine linen, perforated and saturated with *cold cream* prepared without the essence of roses.

The homœopathic treatment of burns is very simple and comprehends, complications excepted, but two medicines; *rhus toxicodendron* and *tinctura sulphuris*.

Rhus should be administered from the beginning,

every three hours, from the sixth to the twelfth dilu tion; from six to eight globules, or a drop to four ounces of vehicle. This medicine will suffice in cases of erythema and of phlyctæna.

Its employment should be followed by that of *tinctura sulphuris* when, the first pains being relieved and the disorganization being more profound, it is important to hasten the cicatrization. *Tinctura sulphuris* is commonly administered, of the thirtieth dilution. The doses, repeated at first two or three times a day, should be given less frequently, as the affection approaches its termination.

FROST-BITES.

The effects upon organized tissues, of rapid addition to, or abstraction of caloric from, a part, is attended, under these two opposite circumstances, by identical results; thus there exists between burns and frost-bites, in their different degrees, the most striking analogy.

If, in ordinary cases, the symptoms of both are not absolutely the same, it is only because the cold, which causes the latter, does not act as instantaneously as the artificial heat, which produces the former; they are in reality the same disease, under a form more or less acute, and the same treatment applies to both.

It has been recommended to employ *rhus* externally for frost-bites; in other words, to foment, with the tincture of this plant, the congealed parts. We are little in favor, generally, of external applications, and we

are the more disposed to believe ourselves in the right in discarding them in this case, as, most frequently, frost-bites depend much less upon the violence of the cold to which the individual has been exposed, than upon a general disposition of the economy to suffer from its effects; a tendency which should be combated by general means.

Beside, *rhus* taken internally, almost always proves so promptly, and sometimes so marvelously efficacious, that we do not see wh. one should seek any other mode of administration.

We prescribe it at from the twelfth to the fifteenth dilution, once or twice a day, taking care to discontinue its use, as soon as the itching of the chilblains disappears, and their redness begins to abate.

Sulphur is recommended for frost-bites that have ulcerated, and passed as it were, into a chronic state.

Chilblains are very often the sign of a debilitated state of the health; of an impoverished blood; in a word, of a languishing vitality. It is for the physician to ascertain the cause and the nature of this cachexia, and apply the proper remedy.

STINGS.

The sting of a gnat, or even of a bee, is certainly not a very serious evil; but it is nevertheless sometimes very inconvenient, and the homœopathic means of treating them, recommended up to this time, are very insufficient, not to say absolutely inefficacious.

We are glad then to be able to point out, for the stings of all kinds of insects, a medicine whose curative effect is produced in a few minutes, often in a few seconds: it is *ledum palustre*, taken internally,—a teaspoonful of a glass of water, in which are dissolved seven or eight globules of the fifteenth dilution. In case of a sting of the wasp or bee, the dose should be a little stronger, and repeated several times.*

ERYSIPELAS.

Erysipelas is one of the cutaneous affections, with which children are the most frequently attacked.

In very young children, it often succeeds erythema, and then only appears to be an aggravation of that disease; most commonly, however, it assumes at the commencement its own character, without passing through the erythematous form, and acquires in a very few days, a high degree of intensity. In this case it is preceded by fever, with somnolence and constipation, or bilious diarrhea.

It is to be remarked, that the disturbance in the digestive organs which accompanies erysipelas in children, manifests itself rather in the intestines than in the stomach. It is the contrary with adults.

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* This remarkable specificity of *ledum*, induces me to believe, that it might succeed against the bite of venomous reptiles. One of my friends, a planter of Martinique, has offered to try it upon animals that he would cause to be bitten by the viper. I shall be happy to be able to report the success of these experiments in another edition of this work.

The fever of incubation, lasts from two to three days, and habitually disappears on the appearance of the eruption; it nevertheless, in very serious cases, persists after the appearance of the cutaneous affection, and sometimes assumes an ataxic character.

That portion of the skin affected by erysipelas is red, tense, slightly swollen, shining, hot and very painful; it becomes white, under the pressure of the finger, but resumes its red color, the moment that the pressure ceases.

Unlike what takes place in adults, erysipelas in children manifests itself less frequently on the face than on the trunk and limbs. In the newly born we frequently see it commence at the umbilicus, and spread little by little over the whole abdomen. One of its peculiarities, is a remarkable tendency to move from place to place; it sometimes, as it were, jumps from one part to another, disappearing, from its former situation, at the instant it appears in a new one. Its ordinary duration, when left to itself, is from six to ten days.

Erysipelas is said to be *simple* when it occupies only the superficial layer of the skin; *vesicular*, when it is accompanied by the elevation of the cuticle in watery blisters; *phlegmonous*, when it affects the whole thickness of the skin, and determines the formation of abscesses in the subcutaneous cellular tissue.

Erysipelas is always, in children, a serious disease; that of the face especially, readily extends to the

brain, if not promptly and properly treated. It is more serious in very young children than in those more advanced. Its different modes of termination are desquamation, induration, suppuration and gangrene.

TREATMENT.—A great number of medicines have been employed, and extolled for the treatment of erysipelas, such as *aconite*, *bryon.*, *acid. phos.*, *bellad.*, *calcar.*, *sulphur*, *pulsat.*, etc. In order to avoid confusion in the minds of our readers, we shall content ourselves with pointing out the medicinal substances, which, according to the circumstances, deserve most confidence. These substances are in the order of their importance, *rhus toxic.*, *bellad.*, *bryon.*, *pulsat.*, *sulph.*, and *arsenic.*

Rhus is the remedy par excellence for erysipelas. It is proper in almost all cases.

Belladonna is called for by a complication of high fever with delirium or extreme agitation.

Bryonia corresponds to erysipelas of the articulations, with considerable aggravation of the symptoms upon the least movement

Pulsatilla should be given in erratic erysipelas; that is to say, when it manifests a great tendency to move from place to place.

Sulphur should be rarely used at the commencement. It is appropriate only in infants of a feeble constitution, or in cases where the disease terminates by suppuration.

Arsenic, indicated especially by hectic fever, or by a fever of bad character, is particularly adapted to erysipelatous inflammation of the scrotum, peculiar to chimney-sweepers, and which has a great tendency to degenerate into gangrene.

Erysipelas does not require absolute abstinence from food, except during its febrile period; it is better, however, that the patient should eat but little until after the disappearance of the eruption. Toast water is, as in all acute diseases, the drink which should be preferred, if the patient is thirsty. It may be taken at the ordinary temperature.

As to cataplasms so called, emollient fomentations, or local applications of any kind, we attach no importance to them. A layer of cotton, saturated with oil of sweet almonds, such as we have recommended for burns, is the only one which appears to us admissible.

ZONA — SHINGLES.

Zona or *Zoster*, very much resembles erysipelas. It is an exanthem forming, ordinarily, a semicircular band, of a hand's width, around the body or a limb. The eruption is very burning, itching and lancinating. It is composed of little pustules upon an inflamed surface and is accompanied with fever.

Zona is a disease which is very rare in early infancy. Its treatment does not differ essentially from that of erysipelas. (Mercury is its specific. Ed. 2d edit.)

PEMPHIGUS.

Pemphigus, is characterized by the development, upon various parts of the body, of erythematous spots, upon the surface of which soon appear blisters, which burst and discharge a viscous, yellow fluid, which hardens and forms on the surface of the skin, a not very prominent crust, often granulated, and yellowish like honey, or inclining to a fawn color.

This eruption is sometimes accompanied by fever, and is sometimes without it. It is most frequently of short duration; but occasionally, also, it shows itself extremely persistent. I have seen it manifest itself almost instantaneously in consequence of fright. I have twice had occasion to observe it in a chronic form. *Rhus*, is its specific.

URTICARIA, OR NETTLE-RASH.

This exanthem, the most ephemeral of all, manifests itself under the form of lenticular vesicles, precisely similar to those which result from the sting of the nettle, and is accompanied by a similar sensation.

This eruption, sometimes persistent in adults, never lasts more than a few hours in children. It disappears instantly after a single dose of *croton tiglium*.

FURUNCLES, OR BOILS.

A boil consists in a small, red and circumscribed elevation of the skin, accompanied by smarting, itching, and afterward by burning; a swelling is de-

veloped around it; the redness changes to a brown color, and upon looking closely, a yellow point is perceived in the middle, which when it approaches its termination, breaks and discharges a lump of thick pus, called the core. The pain, until then intense, and often even accompanied by fever, soon ceases.

When the boil is large, and the sloughs numerous and confluent, the disease receives the name of *carbuncle*.

Boils and carbuncles are almost always coincident with a more or less marked derangement of the digestive organs.

TREATMENT.—*Cina*, from the ninth to the fifteenth dilution, two drops in four ounces of vehicle, administered three or four times a day, until resolution takes place.

Dulcamara and *sulphur* are sometimes necessary, in cases where the periodical reproduction of boils gives reason to suppose the existence of a particular diathesis; but *cina*, even in this last case, will almost always suffice. It may, however, be necessary to have recourse to *rhus*, in cases where the boils are complicated with erysipelas. Lastly, *ledum palustre* is preferable to any other medicine, when the disease appears upon the feet or upon the fingers.

MEASLES.

Among affections of an incontestably miasmatic nature, measles figures as one of a type the most known and best characterized.

It seldom attacks the same individual twice, and appears epidemically, more especially in the spring and autumn. Although neither adults nor old people are exempt from it, it is, with reason, considered as one of the diseases peculiar to children.

According to Rosen, the virus of measles, which impregnates the body and the clothes of the individuals whom it attacks, does not pervade the atmosphere; so that during the course of an epidemic, one can be sure, by absolute separation, of protecting children from infection. Unfortunately, this opinion appears to us ill-founded.

Measles is commonly a mild disease, but it sometimes, however, assumes such malignity as to prove fatal in a majority of cases. This is why the ancients called it *morbilli;* that is to say, *little plague*; but it may be affirmed without exaggeration, that the discovery of Homœopathy has reduced to one-tenth, the danger from the most serious epidemics of measles.

This disease presents three distinct periods: the catarrhal, the eruptive, and the period of resolution. We shall point out the symptoms which characterize each of these.

Catarrhal period. This generally lasts three days, but occasionally longer. It commences by prolonged chills, which are soon followed by febrile reaction. From the second day the fever becomes continuous. There is redness, heat and painful sensibility of the eyes, with dread of light, and partially closed and

swollen lids, lachrymation, frequent sneezing, coryza, headache, and dry, short cough, with pain in the throat, chest and loins; vomiting, sometimes in the day, sometimes in the night; white, moist tongue, thirst, disgust for food, colic, relaxation of the bowels, anxiety, chagrin, and sometimes continual drowsiness; such are the symptoms which precede the cutaneous eruption, but which do not disappear as in variola, when the eruption takes place.

Eruptive period. There appear, first upon the face, a great number of small, bright red spots, of an oblong, square, semilunar, but not very distinct form, slightly prominent, and having toward the middle a small, hard point, upon which one may discover, by the aid of a magnifying glass, a vesicle filled with serum.

The number and size of these spots gradually increase. They soon appear upon the throat, chest, arms, shoulders, epigastrium, loins, and lastly upon the legs, where they are perfectly smooth; that is to say, without vesicles.

On the sixth day of the disease, two days after the appearance of the first spots, they begin to disappear in the order in which they came, leaving behind them a little roughness of the skin. On the eighth or ninth day they are entirely gone. The epidermis scales off, and the entire body is covered with a scurfy powder.

But it is important to remark, that things do not

always pass exactly as we have here related; for if the cutaneous eruption is a characteristic phenomenon of the disease, it is not an *essential* condition of its existence, as we often see, during epidemics of measles, general affections, evidently produced by the miasm, without any affection of the skin.

Period of resolution. The greater part of the time, a sort of crisis, consisting either of diarrhea, sweat, or a bleeding from the nose, follows immediately after the disappearance of the exanthem, and dissipates, in a few days, what still remains of the bronchial inflammation, and of the febrile symptoms. Sometimes, however, this crisis does not take place, or occurs irregularly, and great danger may then be apprehended.

1st. If the diarrhea continues too long, some weeks for example, we may fear, not only dropsy, but the formation of tubercles in the mesentery, hectic fever and consumption.

2d. If the fever and cough continue, and if the respiration becomes frequent, difficult and burning, at the same time that one or both of the cheeks becomes injected with blood, pneumonia is impending, if it has not already taken place.

3d. And lastly; if there remains a slow fever, recurring daily, with hurried respiration, emaciation, and expectoration of pus, there is certainly disease of the lungs.

"In measles," says M. Rapou, "the cutaneous eruption is valueless as elucidating the prognosis; the

worst symptoms appear only after its total disappearance. Such are otorrhœa, chronic inflammation of the eyelids, etc.; but that which is undoubtedly most to be dreaded, is the development of pulmonary tubercles. This deplorable influence of measles, is so marked, that it may serve as a criterion by which to judge of the state of the chest."

TREATMENT.—The principal medicines called for in the treatment of measles, are *aconitum*, *pulsatilla*, *bryonia*, *belladonna*, *phosphorus*, *nux*, *ignatia*, *cinnabaris*, *mercurius*, *causticum*, and *sulphur*.

Aconitum. "The efficacy of this plant, in measles, says Hahnemann, is almost miraculous." *Aconitum* then should be prescribed from the commencement of the disease, at a medium dilution, (the twelfth for example) two or three times a day, during the first two days at least of the first period, and it will be well to return to it during the progress of the disease, as an intercurrent remedy, whenever the febrile symptoms become severe. In vigorous children, of a sanguine temperament, *aconitum* is, during the entire course of the disease, the medicine upon which we should principally depend.

Pulsatilla. According to M. Auguste Rapou, the fundamental remedy for measles is *pulsatilla*.

"This substance," says he, "constitutes its principal therapeutics. It prevents the consequences of the virus, destroys every germ of it, and preserves those who are exposed from its attacks." I confess that this

assertion appears to me very unreserved. It is incontestable, however, that *pulsatilla* is clearly indicated after a few doses of *aconite* shall have abated the violence of the inflammatory symptoms.

The predominance of vomitings calls particularly for its use, and its administration, in a majority of cases, should succeed to that of *aconitum*. The two medicines, during the second period, may be taken alternately at six or eight hours' interval, if nothing appears to contra-indicate this medication. A continual and ardent thirst would be a reason for excluding *pulsatilla*.

Bryonia, several times repeated, at a few hours' interval, is the best means of recalling the eruption to the skin, when it is accidentally suspended or repelled.

Belladonna is indicated after *aconite*, either by a strong constriction of the throat and chest, or by extreme agitation, and lastly, and above all, by delirium.

When these symptoms succeed the abrupt disappearance of the eruption, *belladonna* and *bryonia* should be administered alternately. But, excepting under the circumstances indicated, *belladonna* is, in the treatment of measles, but an accessory remedy, whose use should not be prolonged more than one or two days.

Phosphorus is rarely called for if the disease has been properly treated from the beginning. It corresponds to pneumonia, always very serious, which sometimes manifests itself after the eruption.

Nux and *ignatia* are indicated by the persistence of a hoarse cough, with constriction of the chest, without great frequency of the pulse. *Ignatia* suits especially little girls, and children of a mild and tranquil character.

Cinnabaris corresponds, toward the end of the disease, to œdema of the glottis, with indolent tumefaction of the palate, uvula, and tonsils.

Mercurius serves to moderate the excessive sweats, and to combat the relaxation of the bowels, if it should continue more than a few days after the disappearance of the eruption.

Causticum is a precious medicine when there remains a dry cough, with constipation, but no fever; or when there is swelling of the epigastrium, or symptoms of gastralgia.

Sulphur, very rarely indicated in the treatment of measles, is sometimes, however, indispensable in combating its consequences, such as otorrhœa, (which the opportune administration of *pulsatilla* will almost always prevent,) inflammation of the eyelids, etc.

The treatment of measles does not call for the excessive hygienic precautions with which it is but too common to harass the little patients. Nothing is more dangerous, for example, than to load them with blankets, with the idea of keeping them warm. Currents of air, especially cold air, are certainly fatal; but there are no surer means of exposing them to a chill than to make an oven of their chamber.

From sixty-two to sixty-four degrees of Fahrenheit is the temperature adapted to their state.

Complete abstinence for one or two days, and a very light diet during the whole course of the disease, is the proper regimen. If measles is methodically treated, children may, after ten or twelve days at the utmost, return with impunity to their habitual mode of life, and expose themselves to the external air, whatever be the temperature. Such are the results attained by Homœopathy.

ROSEOLA.

Roseola is a name given to a very superficial affection of the skin; it is never as extended as erythema, has some points of resemblance with measles, and is very often complicated with other eruptions, such as variola, vaccinia, etc. It is frequently observed in children.

It is especially during the summer that this slight disease shows itself. Its duration is extremely variable. It consists, most frequently, of little spots of a delicate rose color, irregular, and not prominent, and which are seen to come and go every instant in the day.

Roseola, which is rarely accompanied with sore throat, and more seldom still with gastric affections, would often pass unperceived, were it not for the cries and wakefulness it occasions. It shows itself principally during first dentition.

TREATMENT.—A few doses of *coffea—mercurius*, if there is angina; *belladonna*, if, as an exception, there should appear cerebral symptoms.

SCARLATINA.

Scarlatina is a contagious and epidemic disease, rarely occurring sporadically, attacking persons but once in their life, variable in its character, and most frequent in children of from five to twelve years.

This disease does not, like measles, seem dependent upon prevailing temperature. We see it in all seasons, in the depth of winter, as well as in the heat of summer. As an epidemic, it is always propagated slowly, does not attack all individuals, and is, beside, rarely seen at the present day. *

Scarlatina has, like measles, with which it has been sometimes confounded in the beginning of the epidemic, three marked periods, of which we here give the description:

First Period.—There is, from the beginning, a soreness in the throat, followed by depression, and an extreme sensibility of the whole body, disgust, bilious vomiting, chills and cephalalgia. During the whole

* This remark, as must be well understood, is not at all applicable to the United States, in which it forms one of the most frequent, as well as most dreaded, scourges of childhood; neither is it always true, although generally so, that it occurs but once in the lifetime of an individual, well authenticated cases having been observed of its occurrence a second and even a third time.—*Tr.*

of the first day, the drowsiness is sometimes insurmountable. It is frequently accompanied with delirium, much more rarely with convulsions, during the two following days. The angina, which rapidly acquires a great intensity, is, with an excessive acceleration of the pulse, the dominant symptom of the period immediately preceding that of the eruption. This period, much more limited, as we see, than the corresponding period in measles, does not manifest itself by the watering of the eyes, nor by fluent coryza, nor by the frequent cough which characterizes the latter disease. There is dyspnœa, and great frequency of respiration in the majority of subjects, especially on waking in the morning, but this is principally in consequence of the fever and the swelling of the tonsils. These symptoms only precede two or three days, at the utmost, the appearance of the eruption.

During this first period, and sometimes during the whole course of the disease, the bowels are constipated, and the thirst bears no relation to the violence of the fever.

A bad sign, and one indicating that the disease will be very serious, is the smallness, as well as the extreme frequency, of the pulse.

Second Period.—The eruption commences in accordance with the particular character of the reigning epidemic—sometimes on the face, sometimes upon the hands and fore-arms. It consists in little red spots, smooth, that is to say, without the vesicles pre-

sented by those in measles. These spots deepen in color, and enlarge rapidly, so as to become confounded. They soon cover almost the entire body; but as they disappear, as in measles, in the order in which they came, it happens that the parts of the skin where they first appeared, begin to pale, when the other parts are but commencing to redden.

The angina and the fever persist during the whole time of the eruption. On the fourth or fifth day, it is often accompanied by fatiguing hiccup. The voice of the patient becomes hoarse and nasal, he no longer replies to questions addressed to him, or replies with great difficulty.

An abundant glairy expectoration, a bleeding of the nose, or a slight diarrhea, phenomena which frequently supervene toward the sixth day of the disease, appear to give great relief.

Inflammatory affections of the internal organs frequently manifest themselves at this epoch of the disease, especially when the exanthem has disappeared abruptly, which require the prompt attention of the physician.

A fact worthy of remark, is the absence of all moisture upon the surface of the scarlatinous spots. The patients absolutely perspire only through the portions of the skin which still remain white. M. Auguste Rapou attributes to this circumstance the disposition to the subcutaneous serous effusions, which forms one of the characteristic phenomena of scar-

latina. This opinion of Rapou is at least very specious.

Third Period.—The fever and angina disappear with the desquamation. This commences from the sixth to the ninth day; but it does not take place as in measles: the epidermis, instead of falling off in scurfy scales, detaches itself in large plates; this continues for several days, and is often several times repeated. It is at this period that the critical phenomena of which we have spoken, commonly occur, sweat, epistaxis, etc.

The slightest chill is then to be dreaded. Dangerous lesions of the eye, of the ear, of the ganglionic system, and especially dropsy, might be the consequence.

"There is not," says Hartmann, "a more insidious disease than scarlatina. In some epidemics, it is so mild that there is not a single victim, while in others, notwithstanding its apparent mildness, and in spite of the most desirable manifestations of the exanthem, it often compromises life, and frequently proves fatal by metastasis to the brain. It is complicated with all kinds of fever, and acquires thus the danger which belongs to them.

TREATMENT.—When scarlatina is free from all complication, which unfortunately rarely happens, a few simple hygienic precautions will almost always suffice to bring it to a happy termination. Allopathy has no right to boast of curing scarlatina, since in reality the

curative force in nature, is the sole cause of the success to which it lays claim. The treatment of the Old School is as absolutely useless in modifying the severity of this disease, as in other miasmatic affections. Allopathy has never abridged one hour the duration of these affections.

This is far from being the case with Homœopathy. Its triumph is in the treatment of the essential diseases.

The salutary modification that it exercises over their symptoms is so evident, that only the grossest bad faith would affect to deny them.

It is true that, in unusual and complicated cases, the imperfection of our materia medica, still in its infancy, does not always leave us free from uncertainty upon the choice of the best medicine to prescribe. But what does that prove, if not that science has not yet made to us her last revelation, and that medicine is, of all the arts, the most difficult to practice ?

Homœopathy would proceed, we may affirm, with a mathematical precision, if the correlation of the remedy and of the symptoms was as definite and clear in all diseases as it is in simple scarlatina.

Belladonna is literally the specific for this eruptive fever. It is appropriate to it in all its periods; it adapts itself to all its symptoms and corresponds even to the greater part of its consecutive effects, such as indurations of the face or of the extremities, painful swelling of the parotides, discharge from the

ears, etc. Some authors assert, that *belladonna*, administered in high dilutions and very small doses every two or three days, is a certain preventive against the scarlatinous infection.

Belladonna, then, should be prescribed from the beginning of the disease. The doses should be stronger, more frequently repeated, and of lower dilutions, in proportion to the intensity of the precursory inflammatory symptoms. The amendment of the symptoms will soon become a reason for lengthening the intervals between the doses, and for the use of the higher dilutions. In fact, one might often treat scarlatina, from the beginning to the end, with *belladonna* alone, and obtain from this medicine, the same success that some homœopathic physicians have met with in the exclusive use of *aconite* in epidemics of measles.

Unfortunately the frequent complications presented by scarlatina, forbid us to count always upon a treatment so simple.

It is beside, like all serious fevers, subject to irregularities, which require each a special treatment, and exact on the part of the physician, a precise and ever present idea of all the pathogeny recorded in the materia medica.

To avoid the confusion and vagueness of doubtful indications, we shall content ourselves with pointing out those medicines which answer best to the anomalies, or the secondary symptoms, the most generally observed in the epidemics of scarlatina.

These medicines are: *Aconitum*, *baryta carbonica*, *opium*, *ipecacuanha*, *cinnabaris*, *spongia tosta*, *hepar sulph.*, *acidum nitri*, *dulcamara*, *lycopodium*, *calcarea* and *sulphur*.

Aconitum should be prescribed at a low dilution, and in frequent doses before *belladonna*, when one is not yet very certain of the nature of the disease; if the fever is very intense; if the pulse is more remarkable for fullness than frequency, and if in short the miliary fever of which we are about to speak, is complicated with scarlatina. In this last case, *aconite* and *belladonna* should be administered alternately during the whole course of the disease, always taking care however, to leave *belladonna* some hours longer than *aconite* to exercise its influence.

Baryta carbonica, from the twelfth to the eighteenth dilution, is preferable to *belladonna* in the case of lymphatico-nervous children, disposed to chills, when there exists a considerable tumefaction of the tonsils, at the same time that these glands are rather rose-colored than of a vivid red, with frequent expectoration of mucus, pressing and lancinating pain in swallowing. *Baryta* succeeds, especially when there is joined to the preceding symptoms incomplete stools, at first hard, afterward soft, small in quantity, without form, and light-colored without being absolutely white.

If a burning heat supervenes, with stupor, somnolence, agitation, vomitings, diarrhea or constipation

and convulsions, opium will be found of the greatest utility.

If there is increase of fever toward evening, wakefulness, nausea, total absence of appetite, great disposition to weep, *ipecacuanha* is indicated.

If there are œdema and swelling of all the tissues of the neck, visible externally, with a tainted breath and tendency to bloating, *cinnabaris* is a precious medicine, and much preferable in such a case, to all other mercurial preparations.

Spongia and *hepar sulph.* are called for, each in their sphere of action, in symptoms of croup occurring incidentally.

If the angina is accompanied by nervous fever; if there are numerous little fetid ulcerations in the mouth and throat, with general depression, great dryness of the mouth, and continual thirst, *acidum nitri* is indicated.

Dulcamara corresponds to the rheumatic pains, which sometimes succeed the eruption. Lancinating, beating or pinching pains in the chest, the region of the liver and lower abdomen, with dry cough, hard, rumbling stools, and congestion of blood toward the head, call for the use of *lycopodium.*

Calcarea and *sulphur* are the principal remedies for dropsy, engorgements, ulcerations and the greater part of the secondary symptoms of scarlatina; but it is very important not to repeat the doses too frequently.

PURPURA.

Purpura, or *miliaria purpuralis*, is an eruptive fever, which very much resembles scarlatina, but which, nevertheless, differs from it enough to be considered as a special affection.

This distinction is even so much the more important, as the two cases demand a very different treatment.

Instead of proceeding, as in the eruptions of scarlatina and measles, the spots of purpura develop themselves irregularly, now here, now there, and sometimes simultaneously over distant parts of the body. Instead of being smooth, temporarily rendered white by pressure, and especially, dry like those of scarlatina, they are interspersed with little papulæ, of a dark color, remain red under the pressure of the finger, and are almost always moist. The patient only perspires through these spots, and, in consequence, does not perspire much, excepting when the body is covered with them.

Purpura has not a regular and determinate course, like other exanthematous fevers. It often persists for several weeks, and no particular sign indicates an approaching termination. It may suddenly disappear, and thus place the life of the patient in great danger; its malignity has no relation to the abundance of the eruption.

This disease may attack the same person several

times, and even return again in the course of the same epidemic. The angina which precedes the appearance of the eruption, returns when the latter has disappeared.

Aconite is the specific for purpura.

MILIARIA.

Miliaria is characterized by an eruption of whitish, pearly vesicles, of the size of a millet seed, which develop themselves in great numbers, and exists as an epidemic; it is accompanied by fever, gastro-intestinal inflammation, extreme agitation, sometimes delirium and spasms, fetid and abundant sweat, and lastly, by great irritation of the skin.

The premonitory symptoms of this disease, are those of typhoid fever; its course is very irregular, and one cannot specify, in a precise manner, the epoch of the eruption, which commonly, however, manifests itself between the third and the sixth day.

Abandoned to itself, or treated by allopathic methods, miliaria is always a serious disease. Many patients sink and die after a prolonged attack of delirium.

Arsenicum, administered from the beginning, every three hours, at a high dilution, is the principal remedy against this disease. It should be given of the twelfth dilution, if the diarrhea is abundant; at the thirtieth, if the nervous symptoms predominate over the intestinal.

Belladonna should be administered, as an intercurrent remedy, if there is delirium with congestion to the head, puffing of the face, and red and brilliant eyes.

Bryonia and chamomilla are the best medicines against a sort of sporadic miliaria, which sometimes attacks women in child-bed, and infants at the breast.

Ardent thirst, anorexia, throbbing pain in the temples, dry tongue, yellow at the base, epigastrium painful to the touch, constipation; such are the symptoms which indicate the employment of *bryonia*. *Chamomilla* would be preferable, especially in little children, if, in addition to the eruption, there are green, watery stools, like beaten eggs, which corrode the anus.

In cases where the use of *chamomilla* is not followed by prompt improvement, it will be necessary to have recourse to *sulphur*, thirtieth dilution; sometimes, also, to *arsenic*.

SUDAMINA.

It is thus we name little pearl-like vesicles, whether transparent or opaque, that are observed in new-born children, especially in those of a weakly constitution, and during the warm season.

This eruption, which, the greater part of the time, is caused only by too warm clothing, is rarely accompanied by dangerous symptoms; a few warm baths, and, at most, a small dose of *aconite*, *dulcamara*,

bryonia, *rhus*, or *chamomilla*, according to circumstances, suffice to dissipate it.

VARIOLA — SMALL-POX.

It is difficult to conceive the terror which must have been felt, before the discovery of vaccination, by the the epidemics of small-pox. Perhaps no disease has made greater ravages upon the human race. At each of its invasions, the number of its victims was enormous, and the hideous scars left behind it, when it spared the life even of the patient, inspired, especially in women, almost as much horror as death.

The small-pox, like all the great epidemics, comes to us from the East. We are unable to trace its history farther back than the seventh century. We know, without, however, being able exactly to fix the dates, that it passed from Arabia into Egypt, in 622 or 640, and from Africa to Spain in 714. Rhazes, an Arabian physician, describes it in his *Treatise of the Plague*, toward the end of the ninth century. A short time after this epoch, it ravaged the south of France. In 1280, it was generally known in England, from whence it passed to Denmark, and, a little later, into the other countries of the North.

We find, in fact, that the most ancient date of variola in Sweden, does not go farther back than 1578. Benedictus Olai, physician to Eric XIV, and to Jean III, mentions it under the name of measles; but the description that he gives of it, proves beyond a doubt,

that he is speaking of variola, and, what is more, even of its different species.

At length, in exchange for the syphilis, of which, according to popular opinion, the sailors of Christopher Columbus brought us the germ, Europe bequeathed the small-pox to America, where it has since shown itself in almost all latitudes.

Small-pox, like all the other eruptive fevers, seldom attacks the same individual more than once. It is not precisely a disease peculiar to childhood, for it attacks equally individuals of all ages. It is, however, more frequent in the second period of childhood, than in infants at the breast, or in adults. The diversity of age, beside, produces no other differences in it than those which belong to the nature and seat of its complications, for the character of the eruption remains always the same.

The history of this disease contains nosological details of the highest interest; and the labors to which pathologists have devoted themselves in tracing its origin, and in endeavoring to appreciate the real nature of its varieties, would of themselves make the subject of a long monograph. But I shall content myself, in the cursory glance I am able to give it here, in stating the facts most generally admitted. Let us observe, beside, that since the first descriptions of small-pox left us by the Arabian physicians, the essential phenomena of this disease have not changed.

It shows itself, in our day, the same as in the time of Rhazes.

In the eighteenth century, the persuasion that an attack of small-pox was for all men without exception—a fatal necessity—suggested to physicians the monstrous idea of inoculating this disease. Their object, they said, was to protect communities from its immediate dangers and consequences, by producing the disease in individuals at a favorable time, and in preparing the patient for it by a regimen and appropriate remedies. This folly, which characterized the medical spirit of that epoch, (and of almost all epochs) was rapidly propagated from the schools of the north to the schools of France, and gained, one knows not how, the assent of the most intelligent men. Rosen of Rosenstein, whom I have already often cited, because his name gives authority, expresses himself in the following manner on the subject of inoculation:

"The sure means of avoiding the danger of small-pox, is to inoculate children when they are young, and beside, to perform this operation as it is done in England. It is in fact, disagreeable, at each epidemic, to take, as long as it lasts, Ethiop's mineral, preventive pills, or tar-water; and it is risking too much to expose one's-self to be surprised by so fatal a disease, without being prepared for it. The older one grows the more dangerous it becomes.

"One is always liable to be attacked with it in traveling, or in places where there is no physician within call, or where it is even difficult to procure medicines and the attendance required. One may take it during the heat of summer, after being already exhausted by another disease, or by labor, or long watchings, and when other diseases are prevailing, as purpura, pleuritis, inflammations of the lungs, or typhoid fevers; or perhaps even when fire has been carried into the body by incendiary drinks, or overloaded with a superabundance of food.

"Women, especially, should not fail to be inoculated. They see every day how much their beauty suffers from natural small-pox. Beside, they are liable to be attacked during pregnancy, or in child-bed, so that they and their offspring are in danger of their lives. The numerous examples of persons who have lost their sight, hearing, the use of speech or a limb, in consequence of this disease, should induce all to avail themselves with avidity and gratitude of the means of avoiding these dangers, and even a premature death."

Thus, then, in order to avert these dangers and a premature death from a child who is in perfect health, the physician takes possession of him, keeps him apart for two or three weeks, nourishes him with light meat and vegetables, to cool his blood, gorges him with purgative pills, generally made of calomel and camphor, and lastly, inoculates him with small-pox,

which the unfortunate child would perhaps never otherwise have had.

This barbarous practice, excusable only in a people in its infancy, was nevertheless in vogue for several years in all the capitals of Europe.

At last, however, it began to be suspected that the advantages of inoculation were not so great as to be absolutely incontestable. A few physicians, at the head of whom we should cite Van Swieten, bethought themselves of submitting to the test of rigorous statistics, the results of cases of natural small-pox, and those of inoculated small-pox, terminating fatally. They found that, notwithstanding the advantages of the choice of season, the favorable age of the patient, diet and calomel, that the number of the victims of inoculated small-pox was very nearly in the same proportion as that of the disease, spontaneously contracted. The good sense of the public did the rest, and the inoculation of small-pox fell into disuse.

However, to be just toward these physicians, we are compelled to acknowledge that this disastrous sophism maintained its place in *science*, and would perhaps have done so to the present day, but for an admirable discovery which overturned it from its very foundation.

An English physician had the good fortune to imagine that, in order to preserve men from the small-pox, it was not necessary to give it to them—which was plunging them into a river to protect them from

the rain—but only to inoculate them with an analogous affection, incomparably more mild. This ingenious conception was, as we see, an anticipated glimpse of the great law of Homœopathy. Experience soon verified the theory of Jenner, and inoculation with *vaccine* succeeded, at last, in supplanting inoculation of the small-pox.

Since this discovery, small-pox has lost more than three-quarters of its inauspicious prestige. With the exception of the inhabitants of those countries where prejudice and ignorance still oppose a free access to vaccine, nobody is disturbed at its approach. It sometimes traverses our cities almost without leaving a trace. Nevertheless, we sometimes see it appear with a certain degree of violence, and attack even vaccinated subjects; but, in these cases, especially if they are children, it rarely assumes a serious character.

I confess, it is not absolutely the same with respect to adults. I have several times seen, especially a few years ago, in the practice of Professor Rostan, men of from twenty-five to thirty, very seriously attacked with small-pox, although they had been vaccinated in their infancy. Can it be that at the end of a certain number of years the principle of the vaccine is exhausted in the economy, and is divested, little by little, with the renewal of our organs, of its preservative virtues? This opinion, which is that generally entertained by German physicians, merits, it must be

confessed, experimental proof. I have, myself, vaccinated in 1846, a dozen persons already vaccinated eight or ten years before, in none of whom did the eruption make its appearance. It is, in consequence, extremely probable that in these dozen persons, the aptitude to receive the variolous infection was completely destroyed, or at least had not yet been reproduced. I saw, the following year, however, the vaccine take again very well in a young girl of seventeen, who bore upon both arms the scars of a vaccination made, as I was told, in 1832. The important question of re-vaccination remains, then, up to this time, in the most complete uncertainty.

The characteristics of variola are extremely marked.

After the symptoms of a gastro-pulmonary and intestinal irritation, which lasts two or three days, the pustules begin to appear, at first *pointed*, but soon becoming *umbilicated*, sometimes few and distinct, and at others numerous and confluent. At the same time that these pustules acquire the umbilicated form, and their center the *puriform aspect, the skin reddens and tumefies in a remarkable manner.* At the end of eight or ten days the pustules begin to dry, and are covered with yellow or blackish crusts, after the fall of which we find upon the skin *circular spots* of a *brownish-red color, then scars more or less regular:* there sometimes supervenes an abundant salivation. *In general, the duration of these pustules is from ten to twelve days.*

"Variola," says Hartmann, "cannot be mistaken; at most, it can only be confounded with *varicella*, from which only this disadvantage could result, that as, in general, persons have the small-pox but once in their lives, one might believe themselves thenceforth safe from it while in fact they would not be so."

This disease presents, in its course, four periods more or less distinct.

The first, or febrile period, commences by a simple irritative fever, and terminates when the first spots appear upon the skin. The fever, at first slight, increases from day to day in the form of a remittent continued; there is headache, ill-humor, lassitude, disposition to sleep, a marked congestion of the blood toward the brain and face, epistaxis, sometimes delirium, nausea and bilious vomiting, a peculiar and disagreeable odor of the breath, and of the urine, epileptiform convulsions in little children, colic, drawing pains in the limbs, stretching, pain in the loins, etc.

"The precursory signs of small-pox," says Rosen, "are not as decisive as some have thought; thus one can almost never affirm, with certainty, that a subject is on the point of having it. The following circumstances, however, will commonly enable us to foretell it:

"1st. If the disease exists in the vicinity of the patient:

"2d. If the patient has never had it; if he has been in an apartment where some one has had it; if he has been near a person who has been with one of these patients, or has touched their clothes or linen:

"3d. If we observe the symptoms which ordinarily precede eruptive fevers; as, a certain languor; enervation without manifest cause; a chill, followed by heat; pain in the loins, an oppression of the chest, sighs.

"4th. If the face is bloated, the eyes heavy, with a slight flow of tears, especially from the left eye, the tears not so hot as in measles; if the patient feels pain in the pit of the stomach upon slight pressure of the finger; if there is desire to sleep at unseasonable hours; if he is agitated during sleep and vomits often: if, I say, we observe these different symptoms, we may presume, with confidence, that the patient will have small-pox. The fever continues, but not with the same force, up to the moment of the eruption. At this period, some patients, especially little children, are attacked with epileptic convulsions; and if dentition contributes nothing to it, it is commonly the sign of a favorable form of the disease. This, the first period of variola, lasts as long as seventy-two hours, and even four days."

I do not know how far epileptic convulsions, in children, may be considered, as Rosen asserts, of good augury. The truth is, that Kirkpatrick and Van Swieten have seen some patients, after this

symptom, remain speechless, or with paralysis of a limb, for several weeks.

We know, at least, that these symptoms, frequent enough in children attacked with typhoid fever, have hardly ever bad consequences, and disappear of themselves after a certain time, which, beside, may be abridged by appropriate remedies.

The second period is that of the eruption. It is immediately preceded by a febrile exacerbation, but which abates from the moment that the first pustules appear. These appear first upon the face, more particularly on the upper lip, and on each side of the nose, in the form of little nodes, which cause under the finger, says Hartmann, the same impression as grains of millet. These papulæ enlarge rapidly, almost while we look at them, and assume the appearance we have described. From the face, they spread over the neck, chest, arms, loins, and inferior extremities. They rarely appear on the abdomen, still more rarely on the soles of the feet. The eruption is completed in three or four days, at the most; the febrile excitement, although less than at an earlier period, continues, nevertheless, during the whole time of its appearance, but does not persist longer, excepting in anomalous cases. Sometimes, even, when the variola is mild, the eruption takes place without fever, the patient then only complains of itching and burning of the skin.

When variola appears during dentition, there is always a more or less violent fever, which does not cease with the appearance of the pustules, and which is liable to assume a variety of forms. There are frequently congestions to the head or chest; in the first case, there is delirium, accompanied with great thirst, wakefulness, and constipation, the hands may be cool, or of a normal temperature, but the rest of the body is burning: in the second case, there is a short and fatiguing cough, with great thirst, pulse strong and frequent, and extreme agitation; pneumonia is to be feared.

It is at this period, small-pox has the greatest tendency to become malignant; that is to say, to become complicated with ataxic symptoms, or to disappear suddenly, and fix itself upon the internal viscera; a circumstance which is always very serious, and calls for the most prompt attention.

The third period, or period of suppuration, commences from the sixth to the eighth day; that is, from the time when the eruption appears on the face, and continues to the time when the first pustules begin to dry. The commencement and the termination of this period is no more marked than those of the others, because, as the eruption is not effected all at once, but spreads, little by little, from region to region, it results, that the first pustules are almost dry, when those on the legs but just begin to show themselves.

When these pustules have attained their perfect development, the transparent lymph which fills them, becomes, soon, opaque and yellowish; and this, if the disease progresses regularly, is a veritable stage accomplished. The base of each pustule is red and painful. The swelling of the face is then so considerable, that the patient can hardly open the eyes, and appears blind. The febrile affection commonly increases a little at this period, constituting the suppurative fever; it manifests itself, however, only when the pustules are numerous. The more violent it is, the more thick and turbid is the urine; and if this, ordinarily of a brick-red color, becomes bloody, it must be regarded as a serious symptom. It only accompanies an eruption of bad character; that is to say, one in which the pustules are flaccid before their time, not umbilicated and filled with blood instead of serum. It is during this third period that the peculiar odor of variola is strongest; and persons not remaining constantly with the patient, find it almost insupportable.

The period of desiccation and of desquamation terminates the disease; with it, all the symptoms of the preceding period, progressively diminish.

The humor contained in the pustules, gradually dries into a brown crust, which afterward falls off, leaving behind a cicatrice, whose depth and extent depend upon the suppuration, more or less considerable, of which the skin has been the seat; and this latter, for a long time, remains marked with large red

spots, and very sensitive to the impression of the atmospheric air.

"When the desiccation is once achieved on the face," says Hartmann, "there is no more danger. But the beginning of this operation marks one of the most serious periods of the disease; for it is then that the greatest number of deaths occur, by putrid dissolution, gangrene of the pustules, hemorrhages, inflammations of the lungs, of the brain, of the abdomen, etc."

The sequelæ of small-pox are frequent and varied. Independently of the cicatrices, which time only to a certain degree effaces, this terrible disease leaves often after it chronic ophthalmia, deafness, large and very painful furuncles, which are liable to be reproduced, and sometimes, in short, pulmonary tubercles, whose softening immediately succeeds, in many subjects, the disappearance of the cutaneous eruption. Each of these secondary affections calls for the special treatment appropriate to it. The treatment of variola proper, must alone occupy us here:

TREATMENT.—I am happy in being able to point out to practitioners, against the different phases of variola, indications which are absolutely new, and whose efficacy will, I venture to say, astonish those who put them in practice.

"In following the course of natural variola," says Hartmann, "I perceived, what has not escaped other homœopathic physicians, that this disease, especially

at the beginning of the second period, bears a strong analogy to the itch, and that it would not be without reason, if we should call it *acute itch*. This remark started with me, the question, whether it was not possible that a dose of *sulphur*, administered after the febrile symptoms had been diminished, during the first period, would preserve the subject from the complete eruption of the variola, and whether it might not also be employed as a preventive for other members of a family, who had not had the small-pox, and who had never been vaccinated, and who would not now have time to have recourse to it. Circumstances have not yet permitted me to put this idea into practice; but I propose to embrace the first opportunity of doing so.

I am sorry to be forced to predict for our estimable colleague, that when the occasion shall present itself, of putting this idea to the proof, he will be but very moderately satisfied with the result.

But I confess that I ask myself in vain, what relation M. Hartmann and those of our brethren, who he says, coincide in this opinion, have been able to find between the itch and variola. Of these affections, the one is essentially acute and febrile, the other is essentially chronic and non-febrile. The one is pustulous, the other vesiculous. Variola manifests itself first on the face; the itch, on the hands and bends of the arms. The contagion of the first invades the entire economy before breaking out in an eruption; the second shows

itself primitively on those parts of the cutaneous envelop, which have been exposed to the infecting contact. Lastly, the itch is, above all, characterized by the presence of an acarus, which although it escaped, one knows not how, the microscopic researches of doctors Alibert and Biett, is very easily to be discovered with the naked eye. Variola and the itch have then, between them, no other points of resemblance, than that both are contagious; but this, as we know, is also common to a host of other diseases.

Admitting, however, for the moment, the hypothesis that variola is really an acute itch, as Hartmann says, is this a reason why *sulphur* should act as its prophylactic, or be capable of arresting its progress? *Sulphur* is by no means the specific for true itch; we see at least, that if it cures it, it cures it very slowly. The medicines I shall point out for it, demonstrate an incomparably greater efficacy than those of any sulphurous preparations whatever; so that, if *sulphur* has its place in the treatment of small-pox, I venture to affirm, that it is not the first period of this disease, which calls for its use.

But there is another remedy of which M. Hartmann incidentally speaks, and praises for the convulsions of children during the eruptive period, which, if he will consent to make trial of, upon the indications we give, will realize the hopes he has founded upon *sulphur;* it is ZINCUM.

Yes, when during an epidemic of variola, a patient, whatever be his age, presents evident premonitory symptoms of this affection, *zincum* administered three or four times a day, not of the third or fourth dilution, but of the thirtieth, will in all probability, arrest the development of the eruption. The disease will be throttled, to speak after the manner of certain Allopathists, but it will be effectually accomplished, and above all, without danger to the patient. Let us remark, however, that although the patient shall take the medicine I indicate, for a couple of days only, he ought to observe, for a week at least, the same hygienic precautions as if the eruption had taken its course; he should above all, avoid exposure to cold air.

But though *zincum* be the real preservative from the variolous eruption, when it is administered before its development, it ceases to be efficacious from the moment when the first pustules have made their appearance. It, in a word, is not the specific for variola.

This specific, nevertheless exists, or at least, we have the right to consider as such, those means which we are about to indicate. But let us, beforehand, cite a few important lines from M. Rapou:

"In the beginning, (it is of variola he speaks), it is proper to administer a few doses of *aconite;* but as soon as the papulæ are developed, we should have recourse to *mercurius*, at one of the lower potencies, and adhere to it as the remedy constituting principally

the therapeutics of variola. *Mercurius* is but little recommended in this case; but the results obtained in the practice of my father, convinced him that this substance was the specific, above all others, for simple variola. Under the influence of this remedy, the eruption is regularly effected; no serious complication intervenes; its evolution is greatly accelerated, and the suppuration is not abundant. In a word, if the disease is taken in the beginning, it always shows itself mild, and loses the dangerous character which has made it dreaded up to this time."*

Thus, of the divers medicines tried, without doubt, by M. Rapou, the father, *mercurius* is beyond comparison, the one which has succeeded best.

Hartmann also speaks of *mercurius*, but in much less explicit terms. He only recommends it for the third period, and as a means of combating salivation: M. Rapou is much nearer the truth.

Mercurius, in fact, or at least one of its combinations, was ordained by destiny to play an important part in the treatment of variola.

Mercurius corrosivus, (but not the metallic mercury recommended by Rapou) is, with the aid of *causticum*, a heroic remedy for small-pox. Let us prescribe, for example, either on the appearance of the first pustules, or in the course of the second, or

* *Vaccinin*, 200d potency, is, according to our experience, the true specific against Small-pox in all its stages. Ed. 2d edit.

even the third period, if one is not called until that time:

1st. *Caustic.* 30th, eight glob., in four ounces of vehicle, two teaspoonfuls to be taken in the course of the morning at an interval of three or four hours.

2d. *Merc. corrosiv.*, 30th, eight glob., in the same quantity of vehicle, two teaspoonfuls at the same intervals, in the afternoon:

And we shall see, in an immense majority of cases, that under the influence of this medication, the exanthem, and all its concomitant symptoms, will be extinguished as if by magic.

When the disease pursues an irregular course; when the eruption exhibits a tendency to disappear from the surface; when the pustules, instead of being transparent, or yellow, are green, purple or black; when the blood with which they are filled announces a decomposition of this fluid, and threatens the approach of putrid symptoms, it is not to *arsenicum* we should have recourse, but to *sulphur*.

In this case, *causticum* should be continued in the morning, and *sulphur* at a high potency, 30th, for example, should replace *mercurius corrosivus*, in the afternoon; but we should return to the latter as soon as the symptoms have resumed their normal course.

These three medicines: *caustic.*, *merc. cor.* and *sulphur* will almost always suffice for the treatment of variola. The two first will abridge more than half the whole duration of the disease, and prevent

the secondary symptoms, which it would be the mission, principally, of *sulphur* to repair.

Belladonna, which has been much extolled for small-pox, is not, nevertheless, appropriate to it, except as an accessory, and only in cases where cerebral symptoms manifest themselves.

When, on the contrary, there is no tendency to delirium, *belladonna* has the disadvantage of exciting, and that without any benefit, a painful degree of agitation.

Lastly, under very rare circumstances, it is possible we may be obliged to have recourse to *lachesis*, *arsenicum*, and to *muriaticum acidum*. The well known symptoms of these medicines sufficiently indicate the circumstances which would call for their use.

VARIOLOID.

Varioloid is a mild and modified variola; it passes through the same periods, but leaves no scars.

M. Moreau de Gones (in a memoir read at the Academy of Sciences, in October 1827,) asserts that the varioloid is distinct in its symptoms, its effects and its origin, from common variola; that one is not preserved from its contagion either by that of ordinary small-pox, or by the power of vaccinia; the vaccine-virus, however, modifies its pernicious influence.

I have seen varioloid declare itself in children recently vaccinated; but it is probable that, without the

influence of the vaccine, it would have been the small-pox.

"It is in fact proved," says M. Billard, "that the kinds of variola which occur in spite of vaccine, do not differ, in their anatomical character, from those which attack patients not vaccinated; that they frequently even offer the same complications, and that in general they have neither appeared more mild or more fatal." This last observation, I venture to say, has no foundation excepting in relation to individuals who had been vaccinated many years before.

Be that as it may, varioloid does not differ essentially from variola, and the same treatment is adapted to both.

VARICELLA — CHICKEN-POX.

Varicella differs somewhat from variola, in its pathological character. The fever which precedes the eruption of this exanthem is never prolonged beyond thirty-six or forty-eight hours. In combination with it there are more or less marked symptoms of gastro-intestinal irritation. The pustules, instead of being regularly umbilicated, like those of small-pox, are sometimes conoid, sometimes globular, sometimes, in fine, umbilicated, but present the same type in the different periods.

I have reason to believe that vaccina does not act as a preventive from varicella; and that, in turn, varicella offers no protection from the small-pox; it is for this last reason, especially, that it is important not to confound them together.

Varicella is one of those diseases that are left, the greater part of the time, to the efforts of nature alone. Nevertheless, if it appears during dentition, it might give rise to cerebral, or nervous symptoms, which would require, according to circumstances, the use of *belladonna* or *coffea*.

When varicella is a simple, non-complicated disease, a dose of *pulsatilla*, administered in the beginning, greatly abridges its duration. It is also recommended as a prophylactic.

VACCINA AND VACCINELLA — COW-POX, AND SPURIOUS COW-POX.

The name *Vaccina* is given to the eruptive disease, which results from the insertion, under the epidermis, of the vaccine virus.

Vaccinella, or *false vaccina*, is a minor disease, nearly resembling it, and consecutive, also, to inoculation, but which does not possess, as does the first, the virtue of preserving from variola.

We see, then, how important it is not to confound vaccina with vaccinella; and the more readily to distinguish them, let us recall here the characteristics of the two affections.

Characteristics of vaccina.—Eight days after inoculation reddish pimples appear, which soon become filled with a *fluid, first transparent, then turbid;* the centers of these pustules become *depressed*, their base inflamed and swollen, and lastly, the humor they contain is

transformed into a *brownish crust*, which detaches itself at the end of two or three days, and *leaves after it a cicatrice.*

Characteristics of the vaccinella.—After the insertion of the vaccine in subjects already vaccinated, or who have had the small-pox, or indeed, when the virus inoculated is not in a proper state, we see also developed pustules, *but which appear from the third to the fourth day, whose centers are not depressed, and whose flattened and unequal edges are not swollen.* The humor contained in these pustules is *of a limpid yellow color.* An insupportable itching, accompanies them toward the seventh or eighth day. Crusts are also formed, *but they fall without leaving scars.*

We may vaccinate at all ages. However, the congestion of the integuments, during the first days of life, seems to contra-indicate vaccination at this period. "I have several times seen," says M. Billard, "at the hospital of the Enfants-trouvés, where they vaccinate children very young, a very intense erysipelas developed upon the vaccinated limb."

Hartmann has made, on the subject of vaccine, an observation which deserves to be cited: "The vaccine," says he, "does not preserve subjects to whom the contagious principle of variola has been already communicated, and who are susceptible to the action of this principle. But as one cannot know the period of this infection, because, during its incubation, the

person feels well, so we cannot fix upon any time, up to which only, it will be useful to vaccinate. In the instance where a member of a family is attacked with small-pox, and the family contains several individuals who have never been vaccinated, the vaccination of these would be of no use: experience has taught me this. But this is not saying that vaccination would be useless for the whole community: far from it; recourse should be had to it at once, in order that many may be protected from the contagion. This is rarely propagated with such rapidity as to make it impossible to preserve those who do not come in contact with the persons affected."

CHRONIC EXANTHEMATA.

CHRONIC eruptions are external manifestations of probably very different essential diseases, which, when they do not reveal themselves under the eruptive form, are only the more to be dreaded.

Sooner or later, in fact, they break forth internally, and then cause ravages, so much the more difficult to arrest because it is nearly impossible to penetrate their nature, and to ascertain the remedies appropriate to them.

This is what often happens in cold and damp countries, where the skin performs its functions imperfectly, and where cutaneous diseases are rare, but where

by way of compensation, we meet, at every step, tuberculous affections of the lungs, of the mesentery, of all the internal organs, and a host of other analogous lesions, having each, without doubt, its special character, but of which no one suspects the principle.

Now, it is extremely probable, that all these impenetrable, and so often fatal, hidden diseases, correspond to those which, in warmer climates, manifest themselves under the exanthematous form.

The determination of these morbid entities, internal or external, according to the latitude, and especially the determination of the signs, by which we may recognize them, when they do not show themselves on the skin, or when one has had the imprudence to repel them, would, assuredly, be an immense acquisition, for medicine and humanity.

But, unfortunately, up to the present time, the closest, the most assiduous, and the most persevering observation, has afforded us, with respect to them, but very vague notions, from which practice has hardly been able to derive any advantage.

However it may be, it results from what precedes:

1st. That we can scarcely attach too much importance to the treatment of chronic exanthemata; since, in abandoning them to themselves, or in treating them improperly, we infallibly expose the patient to the most dangerous metastases.

2d. That it is absurd, monstrous, to treat these diseases with local applications, which, in despoiling them of their only apparent symptom, leaves to the practitioner, not even the resource of following their progress. So, it is with the most profound disgust, that I go over, (as I still occasionally do,) the allopathic therapeutics of the diseases of the skin.

In consequence of the opinion I have formed, not precisely upon *psora*, in the absolute sense in which Hahnemann understood it, but upon the multiple and polymorphous nature of chronic miasms, I am not indisposed to regard, as a happy circumstance, the appearance of cutaneous affections in children.

I do not suppose, according to the vulgar opinion, that, in having this eruption, they thus pay nature a tribute, by which they are thenceforward, forever affranchised from her; but, what appears evident to me, is, that when they have been once cured, by sure means, of a *tinea*, of a *herpes*, or *impetigo*, they will be forever delivered from malignant principles, which might have remained latent for a series of years, and finally have shown themselves in an incurable form.

During the five years that I was resident physician at the baths of Bagnoles, in Normandy, I treated a very considerable number of chronic eruptions.

Independently of the bathers, submitted to my daily observation, I had, in the country, an extensive practice, which gave me an opportunity to test, aside

from the action of the waters, the curative properties of the remedies I employed.

Thanks to the co-operation of some friends, who were good enough to aid me in my pathogenetic researches, touching several new medicines, or medicines yet but little known, I have succeeded in discovering, for chronic exanthemata, a treatment, far superior to that in general use.

To make known, without reserve, the results of my experience, is, for me, a duty full of charms.

It is my intention to publish, some day, *in extenso*, the homœopathic treatment of cutaneous affections; but it is evident, that I must here confine myself to a limited view, and especially speak of the eruptions peculiar to children.

THE ITCH.

This exanthem, almost always apyretic, consists in an eruption of vesicles, very slightly elevated above the level of the skin, sometimes of scarcely any marked color; transparent at the top, and accompanied with an itching, which forces the patient to scratch continually, and generally developing itself in the folds of the joints.

The itch commonly first shows itself between the fingers, upon the wrists, and at the epigastrium. Thence it extends, little by little, until it covers the whole body, with the exception of the face, where it never appears.

When it is communicated from the nurse, which often happens, it is on the breech and thighs of the child that it first appears, because these parts come in contact with the arms of the nurse.

The itch has this peculiarity, that it is never spontaneously cured. As the vesicles ripen and disappear, new ones appear.

The change from cold to heat, especially the heat of the bed, increases the itching and renders it almost insupportable.

When the patient, in scratching himself, has torn open the vesicles, as almost always happens, at least in children of a certain age, there issues a mixture of blood and serum, which in drying, forms rather thick crusts of a dark red, and which give the patient the appearance of having been scourged.

When the disease is recent, and its nature has not been changed by an external treatment, it is easy to perceive, especially between the fingers, little regular red lines, of which each beginning in the vesicles, is prolonged under the epidermis, and terminates in a little brown point. If, on introducing the point of a needle under the epidermis, we extract this point, we discover the acarus or sarcopte of man.

This animalcule is about one two-hundredths of an inch in diameter. Its body is rounded and compressed on the sides; seen through the microscope, its form reminds one of that of the tortoise. It is white, striated, bristling upon the back with rigid

papillæ. Its feet are eight in number, four anterior and four posterior. The former, placed on each side of the head, and, as it were, webbed, are furnished with cup-shaped caruncles. The four posterior, fixed to the abdomen, are shorter and more separated than the anterior, cylindrical and unprovided with the cups. The front feet and the head can, by bending, be hidden under the body.

The itch is essentially contagious. Some authors, among whom I will cite Morgagni, attribute its development exclusively to the presence of the acarus, and regard, in consequence, this insect as the only vehicle of contagion. I am ignorant as to how far this opinion is tenable.

According to Hahnemann, the psoric or itch miasm, is the most contagious of all the chronic miasms.

"It is communicated," says he, "with such facility, that in passing from one patient to another, to feel the pulse, a physician often inoculates several persons without knowing it. Linen washed with the clothes which had been worn by one who has the disease—gloves, new, but which an itch-patient had already tried on; a towel used for the purpose of wiping—have sufficed to communicate the principle of infection. It often happens that a new-born child contracts it in passing the external genital parts of its mother, who is affected with it, or that it receives this baleful present from the midwife, who had caught it in attending another woman in labor, or contracts it, either at the

breast of the nurse, or in the arms and through the caresses of those who have charge of it, without enumerating the thousands of other occasions to be met with in life, of touching objects invisibly sullied with this miasm."*

Notwithstanding the authority of Hahnemann, it is impossible to admit that the itch is communicated with the facility he asserts. But, it is well known, that in his theory of psora, the itch plays the important part, or rather the only part. The itch-eruption, according to him, was the primitive form of psora. Now as he referred to psora, all the chronic diseases not syphilitic, he was forced to admit that the majority of men had had the itch; an hypothesis which could only be sustained by supposing, in this exanthem, a prodigious tendency to communicate itself.

Thus Hahnemann, under the influence of his fixed idea, saw the itch everywhere.

"In 1817 and 1818," says Hartmann, "I was present almost daily, at Hahnemann's consultations, and I very often heard him ask his patients if they had ever had the itch. At last he would say to them, in a very positive manner: 'You have at some time had the itch.' I was very much surprised at the affirmative reply of a majority of the patients. Since that time, I never fail to put this question to those who

* Doctrine et Traitment Homœopathiques des Maladies Chroniques, tom. i, page 56, et suiv.

come to me for advice, and before Hahnemann had published his *Traité des Maladies Chroniques*, I had very often found in *sulphur* and in *hepar sulph.* the appropriate remedy."

I do not know whether the patients, so affirmatively interrogated by Hahnemann, perfectly comprehended his question, when they replied that they had actually had the itch. I do not know either if the itch is more common in Germany than among us ; but what I can affirm is, that in France, especially among the rich, or even among those in easy circumstances only, out of every ten interrogated, nine positively declare that they have never had the itch ; which however does not prevent them from complaining of chronic affections.

I have seen, on the other hand, a great number of individuals, who have had the itch, and who have never been treated, except by external means, enjoying excellent health. Hahnemann could have found many, and striking proofs of this assertion, among our sailors.

But if, instead of asking patients this explicit question : Have you had the itch ? we content ourselves with simply asking, if they have had any disease of the skin, almost all reply in the affirmative. Must we consider all cutaneous diseases but transformations of the itch? I am quite convinced that this is not the case.

However it be, Hahnemann did not fail to attribute to the repercussion of itch pustules, however little

apparent they might have been, and even when there was no proof that they had ever existed, the immense majority of the diseases submitted to his observation.

The state of vague suffering that physicians are in the habit of naming *cacochymy*, was equally, for him, but the result of repelled itch, or a *latent psora*, of which he thus traces the principal symptoms:

"Frequent excretion of worms; insupportable itching in the rectum, especially in children; in many cases, swelling of the abdomen; sometimes, insatiable hunger, and sometimes, no appetite at all; paleness, and flaccidity of the muscles; frequent ophthalmia; styes; swelling of the glands of the neck; sweat on the head; bleeding of the nose in young girls and young boys, more rare in adults; hands generally cold, or moistened with perspiration, or burning heat in the palms; feet bathed in a fetid sweat; frequent numbness of the limbs; frequent cramps in the muscles of the arms and hands; subsultus of certain muscular parts; frequent catarrhs; dry or fluent coryza; obstruction of the nostrils; painful dryness in the nose; ulceration of the nostrils, frequent angina; frequent hoarseness of the voice; short, hacking cough; frequent attacks of asthma; liability to be chilled; great tendency to sprains in the back; frequent headache and toothache, of one side; frequent flashes of heat; falling of the hair; scales upon the scalp; tendency to erysipelas; disorder of the menses; convulsive movements of the limbs, at the moment of

falling asleep, lassitude after sleep; perspiration during the day; tongue white, or, at least, very pale, and cracked; a great deal of mucus in the throat; fetidness of the mouth, acid taste; nausea in the morning, feeling of emptiness in the stomach; repugnance for warm food, dryness in the mouth; frequent pains in the bowels, hard or loose stools, hemorrhoides dry, or bleeding; urine, dark colored; veins swollen with dilatation in the legs, (varices); chilblains, even in summer; pains in the corns, without external pressure of the shoe; extreme liability to dislocation of the joints, cracking in the joints during movement; drawing pains in the nape of the neck, the back, the limbs, and especially in the teeth; renewal, during rest, of the pains dissipated by movement; renewal, or aggravation, of a greater part of the symptoms, during the night, when the barometer is very low, during north and northeast winds, in winter, and toward the spring; too vivid and agitating dreams; unhealthy skin, frequent furuncles, whitlows; skin dry in the limbs, often, even, in the cheeks; desquamation of the skin, in different places, sometimes accompanied with burning and itching; appearance of isolated vesicles, which fill with pus, and occasion a voluptuous itching, followed by burning heat." *

* *Doctrine et Traitement Homœopathique des Maladies Chroniques*, tome i, page 66, et suiv.

I have no doubt whatever, that these minor disorders, as well as the more serious affections, of which they are commonly but the precursory signs, are the consequences of congenital, or contracted miasmatic infections. But, that these morbid phenomena have all one common origin — that they may be all referred to the same principle, and that that principle is the itch — is what, I repeat, very far from being proved, is extremely improbable.

The itch is the disease of the poorer classes; or, rather, of uncleanly people. Thus, a sort of disgrace is connected with it. I do not mean to say, that persons of an elevated condition, and who take great care of themselves, are altogether exempt from its attacks: but they are, it will be admitted, much less likely to contract it.

May the itch be spontaneously developed? It is a question not easily answered. The causes of infection, in fact, are so diverse, and so numerous, that it is nearly impossible to be certain of having avoided them all. As for myself, it is my inmost conviction, that even, without necessarily admitting the intervention of a congenital virus, the itch exanthem may result spontaneously, from a miserable alimentation, joined to the sad necessity of wearing always the same linen, and other garments.

What is there astonishing in the idea, that the acarus, like so many other animalculæ, should be developed from the decay of dirty wool?

This is so much the more probable, because greasy wool, or even the woven wool, but more particularly greasy wool, seems endowed with the property of engendering this insect: a circumstance which explains the frequency of the itch among workmen—tailors, drapers, scourers, spinners, etc.

What is incontestable, is, that if the itch was only transmitted by contact with those affected with it, no persons in the world would be more exposed than physicians, who pass their whole lives in touching patients of all conditions. Now, is this exanthem more frequent among our brethren than in any other class of society? I venture to affirm that it is not.

I admit, then, as origins of the itch exanthem:

1st. Certain hygienic conditions, to which misery too often condemns the unfortunate;

2d. The itch infection, proceeding from immediate contact with one affected with it;

3d. Its transmission through objects, principally linen, sheets, or infected garments;

4th. The spontaneous formation of the acarus in woolen stuff, and some other substances, such, it is said, as copal varnish, pitch, and hemp;

5th. And lastly, The vicinity, and above all, the contact of domestic animals, having this disease.

Whatever be the origin of the itch, its pathological characteristics offer little difference.

They take constantly one of the two forms, known under the names, *papulous itch* and *purulent itch;* forms beside, scarcely sufficiently distinct to constitute true types, and to which the same homœopathic treatment is applicable.

The papulous itch, (common dry itch), is characterized by elevations, which produce an intolerable itching at every change of temperature. It shows itself more particularly in the dorsal region, on the arms, thighs and abdomen.

The *purulent itch*, whose pustules are more developed than in the preceding form, is also more violent. It shows itself more especially on the fingers, and the *metacarpo-phalangial* articulations. I have never met with it in children.

The prognosis of the itch, depends upon its origin, and especially upon the degree of its development. The spontaneous itch, and that which has been communicated by animals, are the slowest in being cured.

Upon the whole, the itch is not a serious disease; it can only become so by being indefinitely abandoned to itself, or worse still by being repelled. But is it not absolutely the same with the greater part of the diseases of the skin?

TREATMENT.—"When the physician, says Hahnemann, "has recognized the symptoms of the itch, it suffices, avoiding all external application, to administer

one or two globules of sugar the size of a poppy seed, saturated with *tincture of sulphur*, dynamised, to completely cure a child, in two, three, or four weeks, of the entire psoric disease; that is to say, of the eruption, and of the internal psora. In some cases, a dose of *carbo-vegetabilis*, properly dynamised, may be necessary; in others, a similar doze of *sepia*." *

The respect I feel for the genius of Hahnemann, retains, on the point of my pen, the reflections with which this passage inspires me; but, let one of his pupils speak:

"Hahnemann devotes but a few lines to the treatment of the itch. From this, we should be tempted to believe, that nothing was more easy than the cure of this infection. In fact, it is very natural that the disease, regarded by Hahnemann as the primitive form of all chronic diseases, excepting those derived from syphilis and from sycosis, should be dissipated in the surest and most prompt manner, in order to save Homœopathy from the charge of insufficiency, which, without that, one would have a right to make. But, it is not altogether so; at least, the homœopathists will do well, not to follow too rigorously the precepts of Hahnemann, in order not to discourage the patient, by the excessively slow progress of the cure. It is precisely in the itch, as the primitive form of

* Doctrine et Traitement Homœopathique des Maladies Chroniques, tome i, page 139.

chronic diseases, that it should be indifferent to the physician, whether it is of recent or ancient origin; he should know how to cure it, and the cure should not be prolonged to infinitude, though it requires much more time in this case than the other." *

Thus, M. Hartmann confesses, that, under the influence of the treatment recommended by Hahnemann, the cure of the itch is prolonged almost indefinitely. My own opinion, on this subject, is still more decided.

Nevertheless, while counseling practitioners to distrust a little the precepts of the master, M. Hartmann still considers *sulphur* as the *specific* for the itch:

"The use of it," says he, "should be continued, until the eruption that it induces, as well as that which preceded it, gives place to the characteristic sensation of sulphur."

M. Hartmann uses the *tincture* of *sulphur*, and its dilutions, in recent itch, and *sulphur* in itch of long standing, when the first is insufficient; "that is to say," says he, "if, at the *end of fifteen days*, it has not produced at least, *an appearance* of improvement."

In children under five years, he generally prescribes *tinct. sulph.*, in doses of two or three globules, repeated every other day, and whole drops, once or

* Hartmann: Therapeutique Hom. des Maladies Chr., tome ii page 21.

twice a day, if there is no change in the state of the patient.

In short, M. Hartmann confesses, that he frequently unites, with the internal treatment, "frictions, with an ointment, composed of a half scruple of flour of sulphur, and one ounce of hog's lard;" an accessory, not very *orthodox*, to use his own expression, but which proves the insufficiency, admitted by the author, of dynamised sulphur, administered internally.

Thus, I believe I have already declared, although I am not in any case, and less, perhaps, in the treatment of cutaneous diseases than in any other, the partisan of external remedies, nevertheless, I do not believe these remedies are always as dangerous as has been supposed.

When, for example, the itch, recently communicated by the accidental adhesion of an acarus to the skin of a healthy man, is, as yet, whatever Hahnemann may say, but a *local affection*, what can be the danger, in stopping the disease, by killing the insect which propagates it, by the use of lotions, or sulphur frictions?

I know, that the greater part of the time, the acarus is the product, and not the cause, of the itch eruption, the same as lice are the product of *favus;* but, in short, when we have reason to believe that the contrary is the case, must we then necessarily admit, out of respect to the theory of *psora*—a chimerical theory, (in

my opinion)—that, from the appearance of the first vesicle, the disease has become generalized, and absolutely requires an internal treatment? Frankly, I do not think so.

I declare, however, that I employ no other; but, at the same time, feel very much inclined to absolve those homœopathists, who, after the example of M. Hartmann, have recourse to *sulphur ointment*, in consideration of results so equivocal, and always so slow, from sulphur taken internally.

Sulphur, I say it boldly, is a medicine, of which an abuse is made; and this abuse is founded upon a strong prejudice.

The theory of *psora* has made of sulphur the *anti-psoric*, par excellence; and the various properties of this medicine, extremely precious, beside, and essentially polychrest, have naturally contributed to prolong this illusion. But, it is time that we admit, that, though sulphur, in numerous cases, is one of our most powerful agents, this is no reason why it should be always prescribed, (as it is every day,) in preference to all other medicines, when the symptoms presented by the patient, are not, clearly, in the known sphere of the symptoms it produces.

The medicines that I prescribe, against the itch, whatever its origin, form, or duration, are LOBELIA INFLATA and CROTON TIGLIUM, administered alternately, and continued seven or eight days after the complete disappearance of the exanthem.

The *tincture of sulphur*, I only use in case of consecutive ulcers, with or without loss of substance of the skin; and then its use should be preceded by that of the two medicines, that I signalize as *specifics* for the itch.

Lobelia, at the sixth dilution, should be given, in water, of which the patient will take three teaspoonfuls the first day.

Croton-tiglium, of the twelfth dilution, should be administered, the next day, in the same manner.

The third day, we should return to *lobelia;* the fourth, to *croton*, etc.

From the third to the fourth day, at the farthest, the itching will have almost entirely disappeared. The total duration of the eruption, in ordinary cases, will not be prolonged beyond a week.

Eczema — Humid Tetter.

Eczema, which nearly resembles the itch, and with which it has sometimes been confounded, differs from it, nevertheless, in certain well marked peculiarities.

1st. It is not contagious.

2d. As it is not complicated, by the production of the acarus, we do not see, in the intervals between the vesicles, the little red lines traced by them.

The vesicles of eczema are more resistent than those of the itch. The limped serosity they contain, is very often re-absorbed. They present themselves,

closely grouped together, upon a circumscribed part, most generally on the front part of the wrists and the fore-arms, the inner and upper part of the thighs, and on the heel. If the eruption ever shows itself between the fingers, it is only as a single vesicle or two, and, most frequently, we see it appear, in this isolated way, on the palms of the hands, where it excites an incessant itching.

It is not uncommon to see the eczema suddenly disappear from one part of the body, to show itself upon another. Sometimes it even entirely disappears for a time, so that the patients believe themselves quite rid of it, and then returns, worse than ever, in consequence of some change of diet, or a few days of heat. I have seen eczemas which had lasted, in this way, for ten or fifteen years, and even longer.

I am, then, inclined to believe, that this exanthem, always spontaneous, is rooted in the economy, at least, as profoundly as the itch.

It is not uncommon to see its disappearance accompanied by symptoms of metastasis, such, especially, as rheumatic pains, neuralgia, hoarseness, and dry cough.

Eczema is more frequently met with in adolescents and adults, than in children. I have, however, seen it in children at the breast, who, probably, were born with it.

The tingling itching caused by this disease, in the evening, and during the night, is insupportable.

Children and adults, attacked with it, lose their sleep, in consequence of it, for months together. The former cry incessantly, and weary extremely their nurses.

The Allopathists treat eczema with sulphurous and alkaline baths.

The last, when they are highly charged with carbonate of soda, cauterize, in a manner, the vesicles, and allay, momentarily, the itching, which the sulphur baths but increase; but, neither one nor the other cures eczema.

Homœopathy, up to the present time, had not found the specific for this exanthem: I have been fortunate enough to discover it.

Rhus and *ledum palustre*, administered alternately, in the same day, the one (*ledum*) in the morning, the other in the evening, constitute a sure means, heroic in all cases, and followed by immediate success.

I prescribe these two medicines at the fifteenth dilution, and in intervals longer than stated above. Ed. 2d edit.

It is well to continue the use of these remedies for several days after the disappearance of the eruption, which, in fact, almost instantaneously disappears.

HERPES — TETTER.

Willan, Bateman and M. Rayer have designated under this name of *herpes*, an affection different from that which bears the same name in the works of Lorry and Alibert.

In conforming to the definition given by these three nosologists, I mean here by herpes a disease characterized by globular vesicles, filled with a colorless or a lemon-colored liquid of the size of a millet seed, *appearing in groups more or less numerous upon different parts of the body*, accompanied by tingling, and separated by intervals where the skin is often in an erythematous state, which only spreads in the interstices of the vesicles forming each group.

The groups of vesicles are irregular, or disposed in circles. Thence, the distinctive characteristics of the different species of herpes, of which varieties have also been established from the regions they occupy.

Herpes, with the exception, perhaps, of the variety known under the name of *herpes circinnatus*, is not more common to childhood than to other ages of life.

The *herpes phlyctænodes*, is characterized by vesicles disseminated, colorless, yellow or brownish, upon small erythematous spots, whose appearance, which commonly precedes that of the eruption for one or two days, is almost always accompanied with a little fever.

The liquid contained in these vesicles, at first limped, becomes after a few days yellowish and turbid. It thickens little by little, and forms yellowish or brown crusts, which at the end of a week or a little more, fall off, leaving a red, and very irritable surface, which assumes but slowly its normal aspect.

This form of herpes is never serious; the upper lip, and the corners of the mouth are its most habitual seat. The disease, generally, disappears spontaneously, although it is sometimes sufficiently obstinate to require treatment.

Ferrum chlor. and *rhus tox.* are the two medicines whose alternate use has given me the most satisfactory results.

Ferrum chlor., twelfth or fifteenth dilution,—a few globules, in about four ounces of water,—will at first be administered, two days in succession, a teaspoonful morning and evening.

Rhus tox., same dilution, and prepared in the same manner, will be given the two following days, three teaspoonfuls in the twenty-four hours.

This course may be several times repeated, in the same order, in those cases which I affirm will be very rare, where the four first days of treatment shall not have very sensibly modified the eruption.

Herpes circinnatus, or *ringworm*, which is very common, even in infants at the breast, bears much more than the preceding variety, the stamp of a primitively chronic affection

The specific nature of the eruption, is also more clearly implied: it seems derived from the singularity of its form.

Herpes circinnatus, although we sometimes see it spontaneously disappear at the end of a few weeks, has also a tendency, in general, to last a long time,

and above all to be reproduced. Like eczema, it sometimes disappears during the winter to return with the heat of summer.

This tetter manifests itself in circular spots on the circumference of which is developed a row of vesicles.

These opening at the end of four or five days, discharge a lemon-colored liquid, which in drying form little brownish scales around which soon arise a new crop of vesicles, similar to the first, and which run through the same periods.

This process is continually renewed, the herpes increases in extent, and presents at its center a kind of islet, where the skin, wrinkled, cracked, and of a violet red, at length scales off.

The groups are more or less numerous; I have seen a child of five years whose whole body was covered with it. Sometimes, on the contrary, there will be but one group, and in certain cases even it is so little apparent that the disease might pass unperceived.

Baryta carbon., of a medium dilution, the doses repeated several times a day, is the specific for this tetter. I need only observe that it is necessary to omit one day in three the use of this medicine.

Herpes præputialis only differs from the preceding in the region it occupies. It is important not to confound it in the new-born with a syphilitic affection.

Having never had occasion to make a special study of this affection, I borrow from M. Hartmann, the treatment he proposes for it.

"Cleanliness," says he, "is here of the first importance. If the herpes is on the external surface of the prepuce, it should be protected from friction by an envelope of linen spread with an ointment of marsh mallow; if it is on the internal surface, repeated injections should be made of warm milk or a decoction of marsh mallow, and the parts be carefully washed after each evacuation of urine.

Mercurius præcipitatus rubr., 2d or 3d trituration, morning and evening, is a capital remedy in an advanced stage of herpes of the internal surface of the prepuce; if after three days, this remedy has not dissipated the disease, and it produces a violent itching, it should be succeeded by *acidum nitri.*

Acidum phosphoricum, will be preferable when the eruption is principally concentrated around the frænum.

Hepar sulph., *silicea* and *sepia*, are indicated when the eruption occupies the external surface, and, in this case especially, *petroleum*, if it is accompanied by a continual diarrhea.*

CRUSTA LACTEA — MILK CRUSTS.

This exanthem, to which the vulgar have given the name milk crusts, and in certain countries milk itch, is described by authors under the denominations of *achores*, *porrigo* and *tinea mucosa.*

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* Hartmann, Ouv. Cit., tome ii, page 66.

It is characterized by little pustules disposed in *irregular groups*, developing themselves upon the face and the scalp, and furnishing abundantly a viscid fluid. *These pustules, at first white and very slightly elevated, are surrounded by a red, inflammatory areola.* The yellow or greenish humor discharged from them, is transformed, in drying, into thin and yellow scabs, which by their successive accumulation spread sometimes to such a degree as to form a veritable mask.

Tinea mucosa is very frequent in children at the breast; it commonly appears at the age of three, five and eight months. It is neither dangerous nor contagious, and it is very seldom, among the great number of children affected by it, that one dies.

The vulgar, perhaps, with reason, regard this affection as a salutary depuration.

"I have seen," says M. Billard, "a great number of children at the breast attacked with tinea mucosa, at the hospital of Enfants trouves; very few among them died, and the greater number of them, after the disappearance of this inflammation, acquired a freshness and embonpoint which confirmed the popular belief.*

Crusta lactea, generally shows itself first upon the forehead and cheeks, whence it spreads over the rest of the face, to the ears, scalp, sometimes to the neck and shoulders, seldom beyond. I have seen it exist simul-

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* Billard, Ouv. Cit., 151.

taneously with various other exanthemata, and especially with herpes phlyctenodes.

The pruritus it occasions, is relatively inconsiderable, at least, when it does not occupy the scalp, and becomes complicated with the existence of lice, which rarely happens in very young children. The greater number of children affected with this disease, neither lose sleep, appetite, or even their gayety, in consequence; but their condition does not fail, greatly to annoy their mothers and nurses, on account of the disagreeable appearance they present, and the rancid and fetid odor they exhale.

Treatment.—Hartlaub extols, against tinea mucosa, *aconitum*, followed by a single dose of *viola tr.*, of the third dilution. "This treatment," says he, "soon ameliorates the condition of the child; and the disease, commonly, entirely disappears at the end of a fortnight. If the progress of the cure is arrested, a second dose of *viola* should be administered; and, in case this does not procure as complete a restoration of health as was expected, it will be infallibly obtained by means of a dose of *sulphur*, of the 30th attenuation." *

Hartmann recommends *viola tricolor*, when there is an insupportable burning itching, especially during the night, with the characteristic odor of the urine. "Before I was acquainted," says he, "with the superiority of this medicine, I obtained, although

* Hartlaub: *Le Médecin Homœopathe des Enfants*, page 59.

much more slowly, the cure of the disease, with other medicines, principally with *staphysagria*, *rhus*, and *sulphur*."

As for myself, experience has proved to me, that the several medicines mentioned by MM. Hartlaub and Hartmann, may be, in almost all cases, replaced with advantage, by a single substance, which I have reason to consider the specific for tinea mucosa. I speak of *sepia*, which I prescribe at the 30th dilution, and in doses repeated three times a day.*

CRUSTA SERPIGINOSA.

This eruption, ranged by Wichmann in the class of herpetico-syphilitic exanthemata, by the side of psoriasis, and considered by Hartmann, with Autenreith, as being of a scabious nature, presents the greatest resemblance to the one I have just described. But it is more painful, more obstinate, more essentially chronic. The itching accompanying it, is extremely troublesome.

The vesicles which form these crusts, almost always show themselves in front of the ear, in the neighborhood of the parotid. They are surrounded with an areola, of a clear red color, and cause, from the first, great itching, especially during the night.

These vesicles are smaller than those of crusta lactea. They are constantly renewed under the scabs. Lastly, (distinctive characteristic,) crusta serpiginosa

* Has been found practically correct. Ed. 2d edit.

is constantly developed in cacochymic, thin, debilitated children, the reverse of crusta lactea, which most commonly attacks the robust. We have seen it last for years: it is never cured spontaneously.

TREATMENT.—Although crusta serpiginosa is considered as one form of the itch exanthem, *sulphur* is absolutely without effect in this disease.

Sepia suc., at repeated doses, sensibly ameliorates the state of the patient, but does not always cure the disease.

The fundamental remedy, the one we would especially point out to the attention of physicians, the only one, perhaps, upon which we can depend, is *silicea.*

IMPETIGO.

"Impetigo," says M. Billard, "is a disease, much more frequent in adults than in children. Authors, nevertheless, range among the predisposing causes of this disease, the first and second dentition. I have never seen it in children at the breast, who are, on the contrary, very subject to different species of tinea, and principally to *tinea mucosa*, between which and *impetigo sparsa*, it is very difficult to trace a distinct line of demarcation." *

The truth is, that *impetigo sparsa*, which does not differ essentially from *impetigo figurata*, is exactly

* Billard: *Traité des Maladies des Enfants Nouveaux-nés.* p. 145.

the same disease as tinea mucosa, modified only, either by the age of the patient, or by the part of the body affected.

If, in effect, tinea mucosa is almost always, in children at the breast, limited to the face and scalp, it is not so with older children and with adults. It is not uncommon to see it appear upon the shoulders, upon the arms, and even upon the lower extremities of the two latter. It shows itself then in the form of spots, circumscribed and of different dimensions; those of the upper limbs are usually small and round; those of the lower, on the contrary, large, oval, and irregular. These spots, which are of a dark-red, have appearing upon them numerous yellow pustules, which, at the end of a few days, open, and discharge an acrimonious sanies, which corrodes the surrounding parts, causes an intense and painful itching, and forms afterward, yellowish or dirty-green crusts. These crusts fall off within three or four weeks, and leave a rough surface, which is disposed to crack, and become excoriated, in such a way as that the disease may be prolonged for several months.

TREATMENT.—Although tinea mucosa and impetigo are fundamentally, as I have just said, identical affections, the different conditions under which the two forms of this disease are produced, call for some difference in their treatment. *Dulcamara* and *clematis* are the medicines which have succeeded best with us in the treatment of impetigo. The use of these two

medicines should be simultaneous. They should both be prescribed at a medium dilution, and the doses be frequently repeated. *Dulcamara* should be administered twice, in the forenoon, and *clematis* once, in the evening.

Silicea will be necessary in the case of lancinating, very intense itching pains, and in abundant suppuration.

IMPETIGO RODENS.

This affection is unknown to childhood. I only mention it here, in order to have occasion to point out to practitioners three medicines, whose successive use, continued for several weeks, (eight days for each), has procured me the most happy results, in the treatment of this exanthem. The three medicines are, in the order in which I have used them, (in doses repeated several times a day), *copaivæ balsamum*, *cuprum*, and *digitalis*.

TINEA FAVOSA — SCALDHEAD.

Tinea favosa is characterized by an eruption upon the scalp, and sometimes, but very rarely, upon other parts of the body, of numerous small red pimples, which hardly rise above the level of the skin, to which promptly succeed *little yellow pustules*, of which the summits become almost immediately covered with *very adherent*, *irregularly circular crusts*, at first yellow, then brownish or gray, *and always*

depressed in the center, in the form of a cup. These pustules are sometimes isolated, sometimes agglomerated. The crusts, when taken off, exhale a penetrating and disagreeable odor.

This disease is much more frequent in children of seven or eight years of age, than in infants at the breast.

Like tinea mucosa, it may exist with all appearances of general good health; but I have found that the greater number of those affected with it were pale, feeble, languishing, and suffering from a sort of cacochymia, that in many among them might, perhaps, be attributed to defective or even insufficient nourishment.

As to the temperament or constitution, which predisposes children to tinea favosa, I confess that I have no fixed opinion upon the subject.

"We have but seldom seen," say the authors of a voluminous work upon the diseases of children,* "tinea developed in consequence of, or during the convalescence from, a serious disease."

We remember, however, several cases in which a febrile disease had temporarily checked the progress of favus, or even caused it to disappear; but no sooner was the internal inflammation cured, than that of the scalp returned with the same intensity as

* MM. Rilliet et Barthez: Traité Clinique et Pratique des Maladies des Enfants, vol. 3, Paris, 1848, page 125.

before. It has been generally asserted, that scrofulous subjects were especially liable to favus. We cannot confirm this remark. The greater part of the children, who occupied the scrofulous wards, were not affected with tinea; and the greater part of those who occupied the tinea wards, were not scrofulous."

Tinea favosa, is at least as contagious as the itch. Not only is it transmitted by immediate contact, but by the dress, linen, combs and brushes used upon the heads of affected children.

M. Rayer has reported an observation of Gallot, of a child inoculated with tinea, by means of a cataplasm, which had been used upon another child, and to which still adhered the crusts of the favus.

When this disease continues for a long time, (as it always does when badly treated, or when left to itself) it at length affects the bulbs of the hair, so as to produce its fall. The portions of the skin thus denuded, remain white and smooth. As with all other obstinate ulcerations of the scalp, tinea favosa gives rise to more or less considerable engorgement of the ganglions of the neck, and sometimes even to abscesses, it is not uncommon to see it complicated with ophthalmia, coryza and irritation of the digestive organs.

The untimely disappearance of this exanthem, when produced either by injudicious treatment, or occurring spontaneously, is always a serious symptom,

though its consequences are not in all persons immediately manifested.

TREATMENT.—It is not absolutely with tinea as with the itch. The first may be cured, or at least disappear spontaneously. This even often happens with children upon a change of regimen, as in returning home, for example, from boarding-school.

Notwithstanding, it is far from being always so. It has been supposed, that tinea acquired by contagion, was, in general, more tenacious than that which was spontaneous.

The treatment of this affection is the triumph of Homœopathy.

When one is so fortunate as to have to treat children, who have not been gorged with allopathic remedies, the rapidity with which infinitesimals cure favus, is at times marvelous.

There are, however, cases where the disease resists and demands the successive use of several medicines.

Sulphur, *dulcamara*, *viola tricolor*, *oleander*, *hepar sulph.*, form the basis of the therapeutics appropriate to the different shades of this exanthem.

Among these first medicines, the first two have especially succeeded with me, and in cases precisely similar. They are both adapted to the humid form of the disease in children of blond and fresh complexions. I prescribe *sulphur*, in very small doses, and at the thirtieth dilution ; *dulcamara*, in a little stronger

doses, and at a medium dilution. It has seemed to me several times, that *sulphur*, even so attenuated, irritated the chest, an effect never produced by *dulcamara*.

Viola tricolor may be alternated with *sulphur* or *dulcamara* when the itching is very violent.

Oleander is, according to M. Hartmann, a medicine upon whose efficacy we may rely; "if the eruption, which has a great resemblance to the vesicles of the itch, is characterized by an intense itching, and by an insupportable nocturnal burning after scratching the head; and if at the same time, the mesenteric glands appear to be affected, which is seen in the swelling, hardness and tension of the abdomen, as well as in the stools, which are sometimes hard, more frequently loose and undigested, like a sort of lientery."

Hepar sulphur corresponds to cases where the exanthem, instead of being limited to the scalp, extends to the nape of the neck or the face; and to cases also, where ophthalmia supervenes, with or without ulceration of the cornea, etc.

TINEA GRANULATA.

Tinea granulata consists in *little pustules*, *superficial* and *irregularly disseminated* over the scalp. These pustules, at first *humid* and *irregular*, give place to *gray* or *brownish* crusts, which are never depressed in the center, and whose fragments are often found scattered through the hair. When the crusts

agglomerate and dry, they harden and adhere strongly to the hair.

Authors say that tinea granulata is not contagious.

This exanthem, which never attacks children before their fourth year, seems to show itself in preference, in brunettes, and in subjects of a dry constitution.

I believe that this form of tinea does not differ essentially from favus, and that the same treatment is appropriate to both.

TINEA ANNULARIS.

Tinea annularis, first described by Alibert, under the name of *favus squarrosus*, and since, under that of *favus scutiformis*, is only, as well as tinea granulata, a variety of tinea favosa.

"It presents in the beginning," says Doct. Baumes, "elementary crusts, rounded, yellowish, depressed in their center, precisely like those of *favus vulgaris*.*

"But here, the depression in the center soon disappears, and the crusts, ranged circularly, are more crowded and more prominent on the circumference than in the center. They are very dry, of a yellowish white, and form by their union in round spots, a kind of incrustation sometimes much elevated above the skin.

"When one continued crust covers the whole head,

* Tinea favosa.

forming a kind of cap, in the *favus vulgaris*, we always perceive here and there a few cup-like depressions, while in the *favus annular.*, it is all one grayish yellow crust, clearly circumscribed by a line, or a group of circular lines."

This variety of tinea, fortunately rare, is one of the most obstinate affections with which I am acquainted.

In the month of July, 1847, I was consulted for three little boys of the same family, all affected with an eruption of the scalp, of which I dared not positively state the precise nature, but which probably belonged to the variety of the tinea, of which we are now speaking.

The oldest of these children was thirteen, the youngest, nine.

The three brothers were strikingly alike. They were rather tall and thin, not lymphatic, quick, alert, gay, and apart from the railleries of other children of their village, were, to all appearance, very little concerned about the disease for which their parents had called me ; a disease which caused them no pain, no uneasiness, not even, as they assured me, the slightest itching.

It was a sort of cap, of a greenish yellow, resembling dried honey, gluing down the hair to such a degree as to leave it free only at the temples and the occiput, presenting a regular surface, hardly wrinkled, thinning at the circumference, and presenting the greatest thickness at the top of the head.

This irregular crust, which prolonged lotions only detached in great scales, and which were reproduced in a few days, appeared to be rather the product of a uniform exudation, than the concretion of a humor furnished by pustules. There were, beside, no traces of pustules. The skin beneath was red, slightly inflamed, but not ulcerated.

This disease was certainly neither an *eczema*, an *impetigo*, nor a *favus*.

I at first supposed that it might be the disease that Alibert has described, under the name of *tinea amiantacea ;* but I have since recognized my error.

Some one, more skillful than myself, may give it its true name, or a new name, if they think proper. What I have to do, is to point out to practitioners the medicines that effected the cure.

Dulcamara, *sulphur*, *staphysagria*, and *baryta carb.*, administered by turns, for several weeks, had produced absolutely no effect, when, guided by considerations which it would take too long to explain here, I prescribed successively, *spigelia*, *tabacum*, and, lastly, *ferrum magneticum*.

Spigelia and *tabacum* were each administered for one week, the first at the twelfth, and the second at the sixth dilution, in doses repeated four times a day. From the third week I gave *ferrum magnet.*, at the sixth dilution, for fifteen days, morning and evening.

The same treatment succeeded with my three little patients. In less than six weeks, every sign of crust

had disappeared from the head, and the hair began to grow abundantly. I have not seen these children since ; but I heard from them the following summer. Their *tinea*, (was it tinea ?) had not re-appeared.

Perhaps the same treatment, which succeeded with them, would be applicable, or would deserve to be tried, in other analogous and intractable affections of the scalp.

PITYRIASIS.

The desquamation of the epidermis is thus named. It is the *herpes furfuraceus* of Alibert, and the *scaly tetter* of the vulgar.

No one, assuredly, would call a physician for so trifling a disease ; and yet light as it is, the disease might embarrass more than one conscientious physician ; for, when seated on the scalp, where its presence is excessively annoying to young females who are affected with it, it obstinately resists the greater part of the known remedies.

Reiterated experiences have, however, convinced me, that *cantharis* is the specific for pityriasis.

A few globules, of the thirtieth dilution of this medicine, in a glass of water, of which a teaspoonful should be administered, morning and evening, for three or four days.

STROPHULUS.

We so call an eruption of little pimples, that are *hard to the touch*, compact, *red* or *whitish*, developing

themselves, first on the face, then on the limbs, *never terminating in pustules, crusts, or ulcerations*, but sometimes leaving behind them a slight efflorescence, which is commonly accompanied by great itching. These pimples may be rare or numerous, disseminated over the whole body, or accumulated together upon a part, and are sometimes intermixed with erythematous spots.

Strophulus, a disease very common among children, shows itself, principally, on the face of children at the breast.

This exanthem almost constantly coincides with a more or less marked irritation of the digestive organs, an irritation on which the affection of the skin seems exclusively to depend ; so that a judicious treatment of the former, is certain to be followed by the disappearance of the latter.

The medicines from which we have to choose, are, consequently, according to the nature of the case, *ipecacuanha*, *pulsatilla*, *rheum*, *antimonium crudum*, and, more especially, *causticum* and *chamomilla*.

PRURIGO.

Prurigo is an exanthem, characterized by hardly visible papulæ, accompanied by a severe itching.

Authors distinguish two species : the prurigo of old people, and the prurigo of children—a badly founded distinction, since it rests only upon the age of the patient, and not at all upon the anatomical character

of the disease. M. Billard thinks that prurigo, in young children, may arise from want and uncleanliness.

It is, indeed, rare that this disease manifests itself in children who have good care and suitable nourishment. It is, like the greater part of the affections of the skin, simple, or complicated, spread over the whole body, or limited to a single part.

TREATMENT.—*Calcarea, mercurius, hepar sulphur*, etc., have been recommended for prurigo; the remedies from which I have obtained the best results, are *causticum* and *mercurius solubilis*. (*Conium*, Ed. 2d edit.)

PSORIASIS.

Psoriasis, is not a disease peculiar to children; I shall, therefore, abstain from giving a description of it here. It has, nevertheless, been seen in children at the breast. I would suggest to practitioners, should such a case present itself to them, the use of *mercurius solubilis*, a medicine whose remarkable efficacy I have proved but upon adults only.

SCROFULA.

Some readers will perhaps be astonished to see scrofula figuring among cutaneous diseases, from having for a long time been accustomed to consider it a disease essentially general and constitutional. The impression is so strong, that when it shows itself on the skin, it is only accidentally, that in these latter

times nosologists have purposely blended it with tuberculation of the lungs, of the mesentery, and of all the internal viscera.

But, in recalling what I have said in my introduction of diseases in general, and more particularly chronic diseases, one cannot but concede that all the exanthemata are in exactly the same case as scrofula.

All, in fact, as well as this last are but the efflorescence of morbid principles deeply rooted in the economy, and hence, capable of exercising their ravages elsewhere, as well as upon the cutaneous envelope. I am equally well convinced that they have often a large share in the development of internal diseases, that, for want of more precise information, nosologists attribute without distinction to scrofula.

There are even among them, those, who are not far from referring in mass to the principle of which we speak, all affections of a protracted nature, whether internal, or external, of which no inflammatory symptom marks the existence, and which they, nevertheless, name (antiphrastically, no doubt) *chronic phlegmasia*.

Thus, for many physicians, impetigo, herpes, all the forms of tinea, etc., are, as well as rachitis, dropsy and tubercles, only particular forms of scrofula.

This bold generalization of incongruous phenomena, a sort of abstract and conjectural synthesis of which psora is after all but the broadest expression, has had little other result, up to the present time, than to fill with doubt and confusion the minds of practitioners.

What matters it to us, in fact, that the different manifestations of the same disease are called by the same name, if inexorable experience every day proves to us that each of these manifestations requires a par ticular, and quite as special a treatment, as if it really constituted a distinct affection? What matters it to us that the gout, breaking out in the great toe, in the knee or anywhere else, does not cease to be the gout, if we are ignorant of the treatment it calls for, according to the region it occupies?

Similar considerations had in the beginning, so forcibly struck the founder of Homœopathy, that in publishing his doctrine, he commenced by suppressing all morbid individualities admitted before him. He eventually saw that he had gone too far, and retraced his steps; but psora led him astray.

I have, however, expressed the thought (and I cannot retract it), that it would be fortunate for medicine and for humanity if all the pathogenetic miasms were sufficiently known to be classed according to a complete ensemble of their respective symptoms.

I do not doubt, in fact, that such a classification, from the instant that it should present in all its parts the criterion of certainty, would cause great progress in therapeutics. But we are yet a great way off from this.

Let us not forget, beside, that the specificity of our remedies corresponds, perhaps, still less to the actual properties of morbid agents, than to the idiosyncratic

nature of the disorders they produce. Let us not forget, above all, that the modifying power of each of our medicines has its sphere of activity, and its seat of election; such a one acts upon the skin, and produces no effect upon the bones, nor upon the nervous centers.

Thus then, scrofula, in the limited sense it suits us to regard it, is an affection essentially chronic, affecting especially the lymphatic ganglions, and more particularly those of the neck, the armpits and the groins. The external and general habit of the subjects who are attacked with it, is characterized by the following signs:

Scrofulous subjects have large heads, especially behind; the temples depressed; the neck thick and short; the face puffed, the nose and upper lip frequently swollen. Their skin is white, fine and rosy, transparent, or muddy. They have commonly light hair and blue eyes, with dilated pupils.

A kind of embonpoint of a bad quality, seems at first sight, to indicate in them a rich nutrition; but upon closer observation, we soon recognize a defective structure. Beside the flesh being soft, flabby, and as it were spongy, the hips are too large in proportion to the chest, and the abdomen too prominent.

Lymph is superabundant in all parts of the body. All the mucous membranes secrete beyond measure, and if these subjects chance to wound themselves, the wound suppurates, and is long in healing.

They are subject to epistaxis, and catarrhal affections of the nasal fossæ, of the bronchiæ, or of the digestive organs, upon the slightest cold.

It is not necessary to say that these general signs are not absolutely constant in scrofulous subjects.

I have seen those of this class, who had well-formed bodies and dark, or even absolutely black hair, and who in a word, presented only the local symptoms of the disease.

These consist in the presence, more or less appreciable to the touch and sight, of glandular indurations in front of the ears, under the jaws, on the neck, in the armpits, more rarely in the groins, and other parts of the body, largely provided with lymphatic glands.

These tumors, which are almost always developed very slowly, are at first isolated, movable under the finger, soft, and with but little sensibility.

The skin which covers them is of a normal color. They are, in the same region, solitary or multiple. It is not uncommon to find them, in the neck, for example, united in great numbers, and forming a sort of subcutaneous necklace.

If the disease makes progress, these tumors enlarge, little by little; sometimes several uniting in one, harden, cease to be movable, and become painful. Lastly, the skin reddens, corrodes and ulcerates, often in several places at once.

Scrofulous ulcers have no end, when left to themselves. If, at length, one closes, another soon succeeds to it.

The discharge from them is rather a thin and turbid serum, than true pus.

These abscesses always leave behind them cicatrices, more or less apparent, but always greatly to be dreaded, because, always bearing with them the seal of their origin, they often become, subsequently, even for the most radically cured patients, a subject of reprobation, in important circumstances.

The majority of families, in fact, have a great repugnance to an alliance with a scrofulous person; and, I confess, to be sincere, that this repugnance is not ill-founded, for, of all hereditary diseases, scrofula is, perhaps, the one parents the most infallibly transmit to their offspring.

It is rare, however, that children bear, from their birth, the flagrant signs of this sad inheritance.

They seldom present the first symptoms of it before the second or third year. But, it is especially between the period of the second dentition and puberty, that scrofula most frequently shows itself. We may, then, consider it an affection peculiar to second childhood. Both sexes are equally exposed to it. When it is not very intense, when, especially, it has not impressed its stamp upon all the systems of the organism, the epoch of puberty sometimes cures it. I believe, beside, that

this disappearance of scrofula, under the influence of sexual evolution, occurs more frequently in girls than in boys.

There are scrofulous children, who appear of a remarkable intellectual precocity. But, perhaps this observation, made by the majority of writers, arises from the surprise experienced by the contrast of an even ordinary mind, with an infirm body, which would seem to belong to a more tender age than that the little patients have really attained.

I believe, on the contrary, with Hufeland,* that scrofula, at an advanced period, impairs the intellectual faculties. I would cite, as a proof of this, the Crétins of the Valais, who are certainly only scrofulous subjects.

It is true that in these last, the disease is no longer limited to engorgement, or ulceration of a few ganglions: it has taken possession of the whole economy, and reached even the brain.

It is, in fact, the characteristic of scrofula, when art does not arrest its progress, when, above all, a humid atmosphere and bad nourishment favors its development, to spread its ravages, not only to all parts of the body where lymph circulates, but to carry disorganization into organs the most dense, and which would seem the least liable to its attacks.

It is thus that, like the syphilis, it attacks the osseous system, and produces, at length, softening,

* *Traité de la Maladie Scrofuleuse :* Paris, 1831.

distortion, and caries. Rachitis, of which we shall have, in the sequel, but a few more words to say, is very often one of its consequences. But, setting aside for the present, these secondary symptoms, which require each a special treatment, we shall only here occupy ourselves with the primitive form of this terrible disease; that is to say, with hypertrophy, and ulceration of the subcutaneous ganglions.

Etiology.—Those of our brethren who perfectly agree with the ideas of Hahnemann, relative to psora, seem to me inconsistent, in seeking, in surrounding conditions, the first cause of scrofula. As for myself, I confess that I cannot look upon this disease as a mere transformation, however far removed, of the itch. I believe, on the contrary, that if scrofula is, as I have already said, very often hereditary, it may also, (although, perhaps, more rarely,) result immediately, either from accidental circumstances suddenly affecting the health of the individual, or from hygienic influences, which gradually undermine the constitution.

We see, for example, scrofula succeed eruptive fevers, especially variola and scarlatina, in subjects who, until then, had shown no symptom of it.

As to humid cold, want of cleanliness, the exclusive use of unfermented fecula for nourishment, or melted snow for drink; poverty, in short, with all its concomitants, it is impossible not to see, in all these circumstances, so often united and accumulated, a sufficient cause for the development of this disease,

without the necessity of explaining it by the intervention of a congenital miasm.

What, in fact, after all, is scrofula, if not an exaggeration of the lymphatic temperament? but the lymphatic temperament, which consists solely in the relative preponderance of the white vessels, is not a disease, although one may easily conceive that it may become such, under the permanent action of a dissolving medium.

Lastly, authors mention, in addition, as causes of scrofula: the misfortune of being born of parents, infirm, aged, or exhausted by excess; the deprivation of the maternal milk, of pure air, of light and exercise; the over-excitement, in children, of the intellectual faculties; the presence of worms in the intestines, (which is, perhaps, to take the effect for the cause), etc., etc. It is certain, that if these causes do not engender scrofula, they must, at least, greatly facilitate its development.

But there is one last point upon which, I am far from having a fixed opinion, and which merits, in my opinion, a serious analysis, for in a dogmatic view at least, it is of the first importance:

Is it true, or not, that syphilitic non-scrofulous patients, may sometimes transmit to their children scrofula without a mixture of syphilis? In other words: is the syphilitic miasm, in passing from one generation to another, transformed to such a degree as to

serve as the germ of a disease essentially different from the venereal disease. This, I repeat, is an important question, and I would bespeak for it the attention of philosophic physicians.

TREATMENT.—Scrofula, whether viewed in the manner I have just indicated as a pure and simple exaggeration of the lymphatic temperament, or considered as a morbid entity, having as well as the itch and the syphilis, its peculiar individuality, scrofula is not the less in the two cases grafted, so to speak, upon a particular state of the organism, which, if it does not constitute the disease itself, is at least the condition *sine qua non* of its existence.

It follows then, that the treatment of scrofula implies, from the first, two orders of means to be employed, since there exists in some sort, a double end to attain: to modify the temperament and extinguish the disease.

Now, if the medicines succeed in curing the disease, the change of the temperament can be but an affair of time and regimen.

The radical cure of scrofula, can then only be slowly obtained.

The kind of life to be adopted by these patients, is extremely simple. Frequent exercise in the open air; the habitual use of broiled meats; abstinence, on the contrary, from preparations of milk, from pastry, from badly-cooked bread — particularly the soft part of

bread—from green fruits, watery food, highly-flavored condiments, and above all, pure wine and strong liquors; such is the basis of their regimen.

But we are not to imagine that these little patients must eat more than if they were in good health. This is a sad prejudice, and the bad consequences of which I have often had occasion to combat. Experience has proved to me, that abstinence, is less injurious to scrofulous subjects than a too abundant nourishment.

The regimen I have just pointed out, and which should be rigorously followed through all the periods of the disease, constitutes, almost alone, the treatment of the *scrofulous diathesis;* that is to say, of scrofula before its local manifestation.

Medicines, however, have been administered with success in this first period of the disease, and those whose efficacy is especially extolled by some practitioners, are: *cina*, *arsenicum*, *sulphur*, *calcarea*, *aurum*, *dulcamara*, *bovista* and *silicea*.

Sepia, is particularly called for by the swelling of the nose and upper lip.

Lastly, M. Hartmann praises very highly, a medicine which has not found place in the homœopathic materia medica, but which allopathic physicians have used for several years past; it is *Cod liver oil*.

"I have given it," says he, "with great advantage, for the scrofulous disposition, when, as yet, there existed no decided affection of any particular organ,

and where the only appreciable symptoms were paleness, an air of suffering, flaccidity of the muscles, disposition to emaciation, aversion to all nourishment animal or vegetable, with the exception of bread and butter. I prescribed it in the dose of a medium-sized spoonful, morning and evening, and, after a certain time, I almost always succeeded in obtaining a cure. I obtained the same result in disease of the bones, but much oftener in the other forms of the malady."

But the physician is not generally called to prescribe for a scrofulous child, until after the disease has declared itself, and the medicines to which he should then have recourse, are, in the proper order of their use: *Rhus toxicodendron*, *mercurius solubilis* and tincture of *sulphur*.

The second volume of the *Homœopathic Therapeutics of Acute and Chronic Diseases*, had not yet appeared in France, and I was consequently ignorant of the great importance attached by M. Hartmann, to *rhus toxicodendron*, in the treatment of scrofula, which certain i ferences, drawn from the pathogenesis of this medicine, had already led me to prescribe for this disease; and the success I obtained justified, in my eyes, the eulogy of our colleague.

"*Rhus toxicodendron*," says he, "is superior to all other medicines, when a gland of the neck, of the nape or of the lower jaw, is inflamed, swollen and hard as a stone, while other neighboring glands are less appreciable to the touch. Often after

only a few days' use, all inflammatory redness disappears, the gland becomes softer, and at the end of a few weeks, entirely disappears. While this is taking place, the adjacent glands become more palpable; but these disappear with the other. Some time since, I succeeded, with a single dose of *rhus*, in procuring within the space of six weeks, the complete resolution of a gland, hard as a stone and large as a nut, in a child about five years old. Three days after the use of this remedy, the amelioration began to manifest itself, and continued until the complete disappearance of the gland. This cure proved, like many others, the value of the precept of Hahnemann; never to give a new remedy before an amelioration was sensibly arrested. On the other hand, the excessively long duration of *rhus* in this case, confirms the opinion I have elsewhere expressed upon the duration of action of medicines in general."*

I use *rhus* at the second dilution and in solution, to be taken by teaspoonfuls three or four times a day.†

It is by the administration of this medicine, that we should invariably commence the treatment of developed scrofula.

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* Therapeutique Homœopathique des Maladies Aigues, etc., tom ii, page 82.

† In adults, *rhus* is advantageously replaced by *colchicum*.

As soon as there supervenes a marked cessation in progress of the amelioration, that it almost invariably produces, I suspend its use, and prescribe in its place, *mercurius solubilis*, thirtieth dilution, in doses repeated several times a day, sometimes for several weeks.

Lastly, *sulphur*, or still better, *tincture of sulphur* if there is ulceration, completes the treatment.

Some years ago, I was in the habit of prescribing *sulphur* at the outset, and obtained some advantage by the use of it; but, in the great majority of cases, it happened that at about the eighth or tenth day of an extraordinary amelioration, this apparent progress toward a cure, was suddenly arrested, and I in vain, insisted then upon the same medicine, from which I endeavored to obtain new effects, by varying the dilutions and the doses: the patients remained thenceforth refractory to its action, and left me discouraged. The idea of previously using *rhus* and *mercurius solubilis*, was fortunate for me; but it was only after several unavailing attempts that I bethought myself of doing so.

Dulcamara, *belladonna*, *baryta carbonica*, *aurum foliatum*, *lycopodium*, *conium maculatum*, and *spongia marina tosta* have been extolled against various secondary symptoms of scrofula. The pathogenetic study of these substances, can alone guide the physician in his choice of them, according to the circumstances of the case.

SYPHILIS OF NEW-BORN CHILDREN.

Boerhaave was among the first who admitted the hereditary transmission of syphilis, as well as its communication by the maternal milk. Gardane and Doctor Bertin, who shared upon this point, the opinion of their celebrated predecessor, think beside, that the infection may take place during labor, when the child, whose skin is tender and delicate, comes in contact with the parts of the mother affected with gonorrhea or venereal ulcers.

Bell has observed cases of children born with syphilis, although there was no external appearance of it in the father or mother. The same author thinks, as well as Boerhaave, that the mother's milk is often a means of its transmission, which may happen, he says, "without the disease manifesting itself by any previous local symptoms, but the infection of the entire system." This is also the opinion of Dr. Cullerier.

M. Richond, who has written three volumes upon the non-existence of the venereal virus, (in how many volumes was it not proved that the blood did not circulate!), M. Richond is, nevertheless, a partisan of the hereditary transmission of syphilis. "It is easily conceived," says this author, "that a father or a mother, who present well characterized venereal symptoms at the moment of the fecundation of the germ, may transmit the disease to the fœtus; many

affections, in fact, beside those attributed to this virus, are transmitted in the same manner. Thus, M. Broussais says, "that he possesses a host of facts, which authorize him in believing, that mothers suffering from chronic gastritis, communicate this affection to their fœtus; that it is the same with catarrhs, herpes, leucorrhœa, non-venereal ophthalmias," etc.

This question, however, is now settled, and the examples of congenital syphilis are so numerous, and so incontestable, that it would be absurd to deny its transmission.

I know nothing more sad, more humiliating, more heart-rending for parents, than to give birth to a child infected with syphilis.

Unfortunately, the new-born child does not always bear marked signs of this infection; I say unfortunately, for the disease, escaping then the necessary treatment, will infallibly reveal itself subsequently, but, perhaps under a form less easy to recognize, and consequently less easy to cure. It is affirmed, that syphilis acquired hereditarily, may develop itself at all periods of life; that it waits for its manifestation, the circumstances which, by a reaction impressed upon the organism, are capable of reproducing it in a palpable manner. Some physicians, among them, Bell, have asserted that the disease might remain latent until puberty, and even until the epoch of marriage, or of a confinement, which they regard as a kind of crisis likely to cause its appearance.

These opinions relative to the venereal infection, are exactly those we profess with regard to all the miasmatic affections, that is to say, to an immense majority of diseases.

However this be, it is indubitable, that the earlier we recognize in a child the existence of a hereditary miasm, and especially that of syphilis, the greater will be our chance of avoiding its terrible effects.

Among the signs by which we recognize congenital syphilis, there are some which are conclusive; but there are others, which may leave us long in uncertainty. "As a general rule," says MM. Rattier and Cullerier, "we should be circumspect in pronouncing upon the existence of syphilis in the new-born. In times past, it sufficed that a child was small, thin, with a withered skin, and presenting the appearance of old age, to induce the declaration of the presence of hereditary syphilis: especially if there were a few red spots on the breech, or near the sexual parts. Purulent ophthalmia, to which children are subject, was still another reason for the anathema. At present, when we make our observations with a little more care, we know that frequently children having this unpromising appearance, have been sick during intra-uterine life, and that this aspect no more characterizes syphilis, than a beautiful carnation and unusual embonpoint excludes the idea of it, when there exist other characteristic symptoms of the disease."

Now, these characteristic symptoms, at the time of birth, are almost entirely reduced to the signs furnished by an examination of the skin. This is then of a beautiful uniform red, or of a dirty straw color. The epidermis is easily detached, as in the commencement of putrefaction, or is elevated by serosity, and forms pustules, more or less numerous and voluminous, but almost always surrounded by a violet or copper-colored areola.

Exceptional cases aside, children affected with congenital syphilis, are feeble, thin, of a wretched, and, in some manner, old appearance. Their muscles are thin and flabby; their cry is tremulous. The greater part have the nostrils obstructed, and the commissures of the lips eroded.

But, if the disease does not declare itself until after birth, it, according to M. Hartmann, commonly does so about the second month, and almost always manifests itself under the form of red or copper-colored spots, succeeded by little pustules, confluent or discrete, whose humor is soon converted into scales, so thick, that the eruption might be taken for leprosy or psoriasis.

The pustules show themselves upon the face, trunk, and breech; where, in infants badly nourished, and badly cared for, they rapidly degenerate into ulcerations.

"When the affection shows itself still later," says Wallace, "we perceive condylomata upon the genital parts, cracks in the corners of the mouth, an artificial

suppuration upon the mucous membrane of the lips and the mouth, ulcerations in the pharynx, and almost always an alteration in the voice. The frequency of the condylomata, of the cracks in the corners of the lips, and of the ulcerations in the pharynx, and upon the buccal membrane, is in direct proportion to the age of the child."

The prognosis of congenital syphilis, always serious, is beside dependent upon the nature of the symptoms, and above all upon the strength of the child.

Treatment.—The necessity for mothers or nurses to take themselves the medicines demanded for the health of the child, is, I repeat, once for all, an allopathic prejudice, from which it is time we were delivered. It is impossible for me to admit, in fact, that a nurse in good health can take, with impunity, for whole months, an active substance of which she has no need.

The medicine I shall point out, as the specific for syphilis in nursing children, whether congenital or contracted from the mother's milk, is not a mercurial preparation—it is *kreosote*.

I can easily conceive that practitioners, ignorant upon what grounds this recommendation rests, will receive it with reserve. I believe I have already said that I should some day explain by what association of ideas, experiments, and clinical observations, I have arrived at the therapeutic innovations recorded in this work.

We assuredly do not find in the pathogenesis of *kreosotum*, as published by M. Wahle, and reproduced

by M. Jahr, in his manual—a pathogenesis, undoubtedly conscientiously recorded—indications sufficiently marked to justify the use I propose to make, and have myself made, with the greatest success, of this medicine. But what does this prove, except that the pathogenesis of *kreosotum* is still incomplete, as well as that of many other precious medicines, such as *coralia rubra*, *chelidonium majus*, *lobelia inflata*, *copaivæ balsamum*, and several other medicines, destined, when they shall be better known, to play in practice most important parts.

KREOSOTUM is certainly a capital remedy in the treatment of syphilis of the new-born, when this disease manifests itself under the exanthematous form. It suffices, alone, and without the intervention of mercury, for a radical cure.

Kreosotum is then administered, of the twelfth dilution, and in mild doses, once a day, for several weeks.*

I have reason to believe, but without, however, being certain of the fact, that it will also effect the cure: 1st. Of syphilis in the scrofulous form; 2d. Of condylomata: 3d. Of *mercurial stomatitis.*

Acidum muriaticum is, however so efficacious in this last case, that one would do wrong to try any other medicine.

* Kreosotum also cures pustulous syphilitic eruptions in adults, but with the aid of mercurius corrosivus. The two medicines are administered alternately, one, one day; the other, the next.

It is to be remarked that in cases of congenital syphilis, and of eruptions resembling syphilis, homœopathic physicians, when they have been preceded in the treatment of these little patients by the practitioners of the old school, have often much more to do to repair the mischief caused by them, than to make themselves masters of the primitive disease. The effects of mercury in large doses are, in fact, little less to be feared than syphilis itself. One should then never fail to inform himself carefully, and if necessary to insist upon the question, whether the child has already been treated—if it has taken mercury, and if the disease was aggravated under the influence of this medicine. There is no doubt, in this last case, of the presence of a mercurial disease.

It is my conviction that *kreosotum* will one day, in these cases, be fully appreciated. I do not hesitate, for my own part, to prescribe it in cases of *angina*, of *mercurial salivation*, and of *congestion of blood to the face*. We, furthermore, would be at liberty to give the preference, in the same circumstances, to *aurum foliatum*, third dilution, as recommended by M. Hartmann.

"When," adds the same author, "there exists a disease of the periosteum, especially of the superficial bones, or already, even caries of the bones of the nose, gold is less specific than *asafœtida*."

To sum up; 1st. *Mercurius corrosivus*, in mild and repeated doses, corresponds, in preference to all

other forms of mercury, to clearly defined syphilitic symptoms different from the exanthemata to which *kreosotum* is exclusively adapted.

2d. *Acidum muriaticum*, *aurum*, *asafœtida*; then in the second rank, *belladonna*, *dulcamara*, *pulsatilla*, *nitri acidum*, *china* and *silicea* are the principal medicines called for by mercurial symptoms.

DISEASES OF THE DIGESTIVE ORGANS.

THE mucous membranes which line the intestinal tube, as well as that of the respiratory organs, seem to fill, in our diseases, as well as in the normal order of the great functions of the economy, a role correlative to that of the skin.

They both take an active and constant share in all the general perturbations which take place in us. The immense majority of pathological symptoms, which show themselves in the mouth, stomach, or other parts of the digestive tube, are only then like the greater part of the exanthemata, the local efflorescence of diffused affections, whose veritable seat is the entire organism.

The intestinal exanthemata, if I may so speak, are perhaps as numerous as the cutaneous exanthemata; but, for a very simple reason, are much less known.

Among the affections probably so diverse, and so multiplied, whose dominant symptoms show themselves in the digestive organs, but a small number

are peculiar to childhood, and of these only I shall speak.

STOMATITIS — INFLAMMATION OF THE MOUTH — MUGUET.

This disease, confounded by many pathologists with aphthæ, is characterized by the concretion of the mucus upon the surface of the inflamed mucous membrane, whether these membranes have an epithelium or not.

This concretion may be observed in the mouth, the œsophagus, stomach, the small and large intestines. The symptom is always serious in proportion to the extent of surface it occupies.

This species of stomatitis may manifest itself under three different aspects; 1st. Under the form of very small white points, scattered over the tongue, or the sides of the mouth; 2d. Under that of shreds, more or less large; 3d. Under the form of a membrane, which entirely covers the tongue, or extends over the other parts of the buccal cavity.

The dotted, caseous or membraniform excretion of which we speak, is commonly preceded by an erythematous inflammation of the surface of the tongue, or the sides of the mouth. "I have given the closest attention," says M. Billard, "to the examination of the seat of this excretion, and I have never found it below the epithelium, upon the surface of which it is always seated. It is external to the mem-

brane, and coats it over like the mucus, of which the muguet is, really, but a morbid concretion."

When the disease makes progress the white points unite, and enlarge, and thus form little patches, either on the surface of the tongue, or on the internal surface of the lips and cheeks. These patches thicken more and more, and finish by exfoliating or detaching themselves, and leaving in their place an inflamed surface, which is soon covered with a new concretion, until at last the disease disappearing, the production of which it was the cause is no longer renewed.

If, lastly, the muguet acquires a high degree of intensity, the patches of which I have spoken, unite in one and form a pellicle more or less large, and more or less thick, which spreads over the whole tongue, the sides of the mouth and velum palati. Under these circumstances, as under the preceding, the muguet is called *confluent* or *malignant*.

This disease has hardly any general symptoms in very young children, especially if the seat of the local inflammation is not extended. There is rarely in this case much fever. However, the skin is commonly warm and dry.

It is, especially, during early infancy that muguet is developed. Infants at the breast are much more subject to it than children at a more advanced age. It is above all severe among children assembled

together in great numbers, who are born feeble and miserable, or lack an appropriate alimentation.

M. Baron affirms that muguet is not contagious, and M. Billard says, "that he has seen children not affected with muguet, drink from the same spoon with children who had it, without contracting the disease."

TREATMENT.—When muguet arises from a vicious alimentation, the first thing to be done, is to submit the child to a suitable regimen. If there is reason for attributing the disease to the scarcity or bad quality of the milk, the nurse should be changed. If, on the contrary, the child is fed with the sucking bottle, it will be still more easy to make the necessary modifications in its food by conforming to the precepts laid down in the first part of this work. (Page 72.)

I do not know of anything in our homœopathic literature, which has direct reference to muguet; authors in general, confound this affection with aphthæ, which does not demand precisely the same treatment.

Cinnabaris, at a high dilution, and in mild and repeated doses, is perhaps, of all the mercurial preparations, that which best corresponds to muguet of the mouth and œsophagus. *Mercurius solubilis* may be administered in the same manner, and later, *china*, if there is reason to believe that the disease has invaded the stomach and intestines.

APHTHÆ — THRUSH.

Aphthæ differs essentially from muguet in this respect, that in the latter, the buccal mucous membrane remains always intact, while in the former, veritable ulceration is present.

Pathologists are still far from being of the same opinion with regard to the anatomical seat, and real nature of aphthæ. Whether or not, as some modern authors assert, it consists in congestion, and subsequent ulcerations of mucous follicles, is a question of minor importance to the practitioner.

What is certain is, that aphthæ may be produced upon different points of the gastro-intestinal mucous membrane, and occupy, in certain cases, almost the entire extent of this membrane, from the mouth to the rectum inclusively.

It most commonly shows itself only on the mucous membrane of the mouth, in the form of little lardaceous ulcers, with borders sometimes cut perpendicularly, and secreting a whitish cheesy humor, more or less adherent to the surface.

When the aphthæ are isolated, they commonly occupy the internal surface of the under lip, the frænum of the tongue, the internal surface of the cheeks, and the summit of the gums, when the teeth have not yet pierced them.

When the aphthæ are numerous and closely approximated, their edges unite — the matter which they

secrete, extends from one to another, and forms a layer more or less broad and thick. It is then that the aphthæ might be confounded with muguet. However, M. Billard affirms, that even in this case, one may still distinguish the two diseases, by taking into account the mode of development of the inflamed follicles and the solution of continuity, which does not exist in muguet. Beside, says he, the excretion which accompanies aphthæ is always consecutive to the ulceration, and is almost always observed on the internal part of the lips and cheeks, while the white points of muguet appear first upon the lateral parts, and toward the point of the tongue.

Notwithstanding these differential signs, I am forced to admit, that in certain stages of these diseases, aphthae is very apt to be confounded with muguet.

The aphthæ, even when they are in small numbers, almost always cause severe pain. They suffice consequently, to hinder children from nursing, and to bring on, if they persist, serious derangements of the health. But they only constitute a really serious disease when they have a tendency to become numerous, and especially to penetrate into the trachea, the œsophagus, the stomach, etc.

When they occupy the pharynx, they render deglutition extremely difficult. They are then almost always accompanied with turns of vomiting, and an almost continual hiccough. These symptoms are especially observed when the disease has its seat in the stomach.

As to aphthæ of the intestines, when there are none in the buccal mucous membrane, it is extremely difficult to diagnose their presence, for the relaxation of the bowels they occasion, may easily be attributed to any other cause.

Fortunately, the disease usually commences in the mouth, if it is not always limited to this part; it may be considered extremely serious when it follows a contrary course, that is to say, when instead of being propagated from the mouth to the other parts of the digestive tube, it mounts from the digestive tube to the mouth.

Aphthæ is not, like muguet, a disease belonging exclusively to the first period of childhood; adults even are exposed to it. We observe it more particularly in very feeble, pale, lymphatic children some months of age.

"I have observed in the hospital of the Enfants-trouvés," says M. Billard, "that while muguet prevailed very generally in children newly born, aphthæ, on the contrary, showed itself more frequently among those who had attained the period of the first dentition."

As in muguet, the febrile phenomena accompanying aphthæ, have rarely any intensity. We may even affirm, that in the majority of cases the pulse presents no sensible alteration

Gangrene is the most fatal termination of aphthæ, but is happily also the most rare. Gangrene of the

mouth, of which we shall soon treat, is almost always developed under especial conditions, having, with the disease of which we at present speak, but remote and fortuitous relations.

TREATMENT.—*Borax* is generally considered by homœopathists as the specific for aphthæ. It is in fact, a good medicine, and one whose curative action is sometimes very prompt, especially when it is administered at the beginning of the disease.

Borax suits best, according to M. Hartmann, when the child is very cross, cries and weeps much, starts in his sleep, and seizes objects around him ; when the complexion is pale and earthy, the skin soft and flabby ; when he refuses the breast, and the mucous membrane of the palate and tongue, upon which are perceived red vesicles and aphthæ, appears as if shriveled.

The same author extols *acid. sulph.*, in large doses, (a few drops to an ounce or an ounce and a half of water), or at high dilutions ; *mercurius solubilis*, if the disease occupies the throat especially, and lastly *sulphur*.

For myself, if I decided to prescribe for the aphthæ, an acid in large doses, I should certainly not give the preference to *acid. sulph.*, but rather to *hydrochloric acid*, which I have heretofore used in similar cases with the greatest success.

A few drops of this acid, mixed with a teaspoonful of honey, form a mixture with which (taking care

that the child does not swallow it), the aphthæ may be lightly washed, by means of a little pencil made of lint; this relieves the smarting almost instantaneously

Lastly, the same acid, but dynamised, is the only medicine I use internally, in all cases, that is to say, wherever the seat and whatever the intensity of the disease.

It is not necessary to have recourse to very high dilutions of this medicine. I generally prescribe it in water, from the third to the sixth dilution; a few globules in a tumbler of water, a teaspoonful to be given every three or four hours.

GANGRENE OF THE MOUTH.

Of all parts of the body, the mouth is certainly the one most subject to be invaded by gangrene. An affection peculiar to childhood, and almost necessarily fatal, gangrene of the mouth is justly the terror of all those who have occasion to see it.

According to Doctor Baron, it is never primitive, and only manifests itself in children already enfeebled by previous disease.

Measles is, perhaps, of all diseases the one to which it most frequently succeeds. It appears, nevertheless, but much more rarely, as a sequel to scarlatina, variola, pneumonia and hooping-cough. Lastly, it is beyond a doubt that this serious affection may be immediately produced by an untimely or excessive use of

mercury. Doctor Bretonneau reports several cases of this kind in his *Traite de la Diphtherite.*

We borrow from MM. Rilliet and Barthez, the picture, as true as it is striking, which these authors have drawn of gangrene of the mouth, in the second volume of their *Traité des Maladies des Enfants.*

"Gangrene of the mouth begins, during the course of convalescence from another acute or chronic disease, by ulceration, aphthæ, or more rarely by œdema of the part where the gangrene is about to be developed. At this time the face is pale, the breath fetid, the fever not very intense, unless there also exists a febrile disease, and then the pulse may be considerably accelerated; the child becomes more sad, ordinarily complains little, or none at all of the mouth; sometimes, though rarely, he suffers severe pain.

"The ulceration, slight at first, and with a grayish base, situated upon the middle of the internal surface of the mouth, or in the fold between the gums and the cheek, or the gums and the lips, is soon covered with a grayish putrilaginous excretion of a fetid and peculiar odor. At the same time an infiltration of the diseased cheek, or lip, takes place; the œdema is soft, rather regularly circumscribed; it soon becomes increased; and, there is formed deep in its center a hard, regular, round nucleus. Then the cheek becomes tense, shining and pale, or marked with a violet-colored marbling, more decided upon the prominent parts of the tumor; in the interior of the mouth

the eschar has taken a brown color; it has spread considerably, has reached the gums; it is sometimes surrounded by a violet-colored circle.

"The child is seated in his bed, and occupies himself with the objects around him; sometimes, without strength, he lies in a state of indifference; his face puffed, and without expression on one side, is sad and depressed on the other; a bloody, or already blackish saliva flows from his half open lips; he asks, however, for food, and takes with avidity what is offered him, and swallows together, his food and the putrid matter detached from the gangrenous parts. His skin is cool, and his pulse but little developed, and of moderate frequency, unless there exists some serious febrile complication; his mind is clear, but sometimes, during the night, he has a more or less intense delirium.

"From the third to the sixth day of the disease, the scene changes; an eschar is formed upon the most purple and prominent part of the tumor, either upon the cheek, or upon the under lip; small, black, and dry, this eschar extends itself from day to day, and sometimes attains considerable dimensions, invading almost the whole side of the face, or even descending upon the neck; at the same time, that of the mucous membrane is increased in the interior. The aspect of the child is as sad as it is hideous to the sight; sometimes, in a sitting posture, and availing himself of all his strength, he tears from the interior of his

mouth the gangrenous fragments; sometimes, lying dejected and depressed, he allows to flow out and cover him, a blackish and fetid sanies.

"This appearance, however, may become still more repulsive, when the slough is partially detached, and the mass is seen hanging from the cheeks, or even worse, when, falling off, it leaves a perforation through which the bare and loosened teeth, and the blackened maxillary bones are visible. The odor is then of the most offensive character; the child still retains some strength, and asks for food, or, in the last state of prostration, he refuses all nourishment; there is always great thirst, and the patient drinks with avidity; he does not vomit, but there is great relaxation of the bowels; he becomes rapidly more and more emaciated; his skin is dry, but not very warm; his pulse, very small, becomes insensible, and death arrives without other phenomena."

It most commonly takes place before the deterioration is so profound, and before the perforation is effected, in from eight to fifteen days.

Gangrene of the mouth, very rare in adults, and perhaps still more rare in infants at the breast, usually attacks children between the ages of two and ten.

It is not contagious, and never prevails epidemically. It is one of those diseases which physicians have less frequent occasion to observe in their private practice than in hospitals.

In the rare, and, we may even say, exceptional, cases, where a cure is effected, it is always in the first period, before the manifestation of the cutaneous eschar, and by the separation of the mortified portion of the mucous membrane. There then remains an ulceration, with a grayish bottom, whose tumefied borders subside little by little, and whose cicatrization is accomplished at the same time that the general symptoms amend and disappear.

TREATMENT.—Homœopathy as yet knows no specific for gangrene of the mouth, which seems, however, to enter into the sphere of action of several medicines known; at the head of which, Hartmann places *secale cornutum*.

I have seen the disease arrested in the beginning by *ipecacuanha*, at a low dilution, and in doses frequently repeated, (a teaspoonful every hour, of a solution of three drops of tincture, third dilution, in four ounces of water).

In a more advanced period of the disease, I should not hesitate to prescribe, alternately, *acid. muriaticum* and *kreosotum*, at low dilutions, and at short intervals, and even, if necessary, slight cauterizations, with muriatic acid, diluted with a little honey.

DENTITION.

In one of the chapters upon the hygiene of children, (see p. 77,) I have already mentioned the medicinal agents called for by the majority of the sympathetic

affections occurring during the period of dentition There remain for me, but a few words to say on this subject.

"The greater part," says M. Guersant, "of the diseases of children, are attributed to the process of dentition. The difficulty in observing the diseases of early infancy, and the little positive knowledge we possess upon this part of pathology, have contributed to propagate this opinion; and this prejudice, resulting from our ignorance, has eventually become popular, like all other prejudices in medicine."

The notion has this mischievous effect, that it often imposes upon physicians with regard to the real existence of diseases independent of dentition; diseases which they allow to take root under the false persuasion, that they are but normal manifestations of a purely physiological phenomenon.

The first teeth (the incisors) commonly appear toward the end of the fourth month, sometimes a little sooner, but sometimes also a little later.

The importance and sort of vain-glory that mothers, and especially nurses, indulge in on account of the precocity of children in this respect, seems to me ill-founded. I have in fact, remarked, that the teeth had far more permanence when the period of their eruption was somewhat delayed.

However this be, it is certain that the evolution of the teeth, which is sometimes accomplished without causing any serious trouble, becomes also in certain cases,

a real disease, and a sufficiently serious one to require all the attention of the physician.

This takes place, especially in nervous, irritable and debilitated subjects, when several teeth are about coming through at the same time. It is then, common enough to see high fever, with almost continual wakefulness, extreme agitation during the rare intervals of sleep, spasmodic movements of the eyes, convulsions of the limbs, cough, hiccoughs, and even letnargy, if things take a bad turn; for this last symptom is of very bad omen; the gums are red, swollen, hot and very painful; the inflammation of which they are the seat, extends itself to the tonsils, cheeks and the whole face. In short, if this state is prolonged beyond a certain time, even the germs of the teeth undergo a notable alteration; they soften and corrode to such an extent, that the destruction of the teeth is, as it were, consummated before their appearance; at least such seems clearly the result of several anatomo-pathological observations, made by Dr. Billard, in the hospital of the Enfants-trouvés.

As to the diarrhea, which is almost always added to the other symptoms of dentition, and which Rosen seems to regard as the result of the acrid saliva, which the child almost necessarily swallows, it is evidently like the cough, amygdalitis, etc., but a sympathetic phenomenon of the buccal irritation.

To sum up, it is not then impossible that dentition may constitute in itself, as I have just said, a real disease.

Now this disease has its specific, and I am happy in being able to sustain myself by numerous facts, in pointing out to practitioners, the medicine which answers explicitly to all the symptoms it is susceptible of presenting.

Kreosotum, which will certainly one day be considered as one of the most precious and reliable medicines of our materia medica, is the substance to which I now allude.

I prescribe it at the twenty-fourth dilution, in mild and repeated doses.

Kreosote, which I recently saw completely arrest, in the course of a few weeks, a painful caries of the incisor teeth, in the case of a lady forty years of age, is, in children of all ages, as well as in adults, the chief remedy for *odontalgia*, when it is caused by caries of the teeth, especially when the pain is accompanied by turgescence of the gums and facial congestion.

GASTRITIS.

Time has executed justice upon the sophisms of Broussais. It is hardly twenty years since *gastritis*, a multiform monster invented by the physiological school, controlled the whole of pathology. It was the prototype of inflammation—the primitive phenomenon of

all other diseases, which were, it was asserted, but its more or less certain consequences.

The public even, which commonly troubles itself but little about the names of the diseases which decimate it, talked about *gastritis*, as it has since done about cholera. From the eloquence of a man of genius, this bugbear assumed the appearance of reality, and made people believe in the existence of a fact that every day's observation belied!

It is now universally admitted, that if the stomach, like the other parts of the digestive tube, takes a sympathetic part in all the somewhat acute affections of the organism, primitive gastritis is a rare disease. Thus it occupies a very small space in modern nosographies. It is to be remarked, however, that it is rather more frequent in children than in adults. It is from the third to the twelfth year that it is most frequently observed.

Inflammation of the stomach, or, to speak with more precision, erythema of the mucous membrane of the stomach, (for gastritis is nothing else), is recognized by the following signs:

Frontal cephalalgia; fever, with fullness of the pulse; acrid heat of the skin, especially in the forehead and in the hollow of the hands, to which succeed abundant sweats; sensibility of the epigastric region; burning regurgitation; bilious vomiting, with loss of appetite; thirst, more or less intense; disgust for

warm or alcoholic drinks; great desire for acid and cold drinks; mouth bitter; tongue moist, white or yellowish, at the base, with bright red dots at the point and on the borders.

The patients are generally constipated; but often, also, as the vulgar say, the disease takes its course downward, and two or three evacuations, at short intervals, announce the termination of the disease, or a change in its character.

The common causes of gastritis are:

1st. Overloading the stomach with food, taken either in too great quantities at a time, or at too frequent intervals; 2d. The introduction into this organ of crude substances, such as grease and acids; 3d. A sudden fright, vexation or anger; 4th. A chill; 5th, and lastly, The introduction into the stomach of inert foreign bodies, refractory to the gastric action, and, for a stronger reason, all irritating or actually poisonous substances.

I find, in reference to this last cause, in the work of MM. Rilliet and Barthez, an avowal, which does more honor to the frankness of these writers, than to the therapeutics of the school to which they belong: "*One of the principal causes*," say they, "of gastritis and of softening of the stomach, has been, in the children who have come under our observation, the use of an energetic medicinal action, upon the gastro-intestinal mucous membrane." I add with pleasure my testimony to that of the two physicians I

have just cited: the majority of the cases of gastritis I have had occasion to treat, were the direct work of Allopathy.

Gastritis, like other diseases, has its degrees of intensity, and its symptomatic shades. The precursory symptoms of the eruptive fevers, or of typhoid fever in its commencement, are the only pathological conditions with which it would be possible to confound it; and yet, with the history of the disease that we have under our eyes, and the recital of the facts anterior to its manifestation, it is very rare that all error in diagnosis is not avoided.

TREATMENT.—Gastritis is generally a disease of short duration, and one which the curative force of nature alone, almost always suffices to cure. However, it might be dangerous to abandon it to itself, and I am convinced that in treating it properly serious affections have often been prevented, of which it was only the precursory sign, or rather the first symptom.

Gastritis, whatever its cause, is one of those affections which the most imperiously exact a few days of diet.

Patients so much the more willingly resign themselves to this, as they feel a repugnance to food. To wean a child at the breast will often suffice to effect an instantaneous cure. A little gruel may for a day replace the milk of which he is deprived.

As to children more advanced, they may be put upon the use of sweetened water, of the temperature of the apartment.

If the stomach is still surcharged with food, or if some poisonous substance has been swallowed, the patient should be made to vomit, either by means of tepid water, or tickling the fauces; after which we may prescribe, according to the circumstances, *aconitum*, *pulsatilla*, *nux*, *arsenicum*, *chamomilla*, *bryonia*, *phosphorus*, or *causticum*:

Aconitum, if the dominant symptom is a high, full, and frequent pulse, with heaviness of the head, pain in the forehead, and considerable heat in the face; especially if the indisposition has succeeded a fright;

Pulsatilla, if greasy food, such as goose or pork, has provoked the indigestion, or if the patient is tormented with frequent sour, and watery regurgitations; if he vomits without effort; if he experiences vertigo, or in short, and above all if these symptoms occur in the evening and night;

Nux vom., if the child is of a nervous, dry, and irritable temperament; if the pain at the epigastrium, and the agitation are very intense; if there is constipation and but little sweat; if in short the disease has been caused by coffee, wine, or any other alcoholic drink, or again by a fit of passion;

Arsenicum, if the gastritis is in consequence of a chill, or of an indigestion of fruits, raw roots or herbs;

Chamomilla, if there are bilious vomitings, and especially if the patient is a little girl, or an infant at the breast;

Bryonia, if the indigestion has been produced by cabbage; if the epigastrium is very sensitive to the touch, and if the slightest movement increases the pain, and if there is constipation;

Phosphorus, is indicated when there is a pressing and cutting burning in the stomach—a sensation as if a warm gas was escaping from the mouth; ardent thirst; burning in the precordial region; anguish; convulsions of the face; violent chills, or when the limbs are cold, the eyes clear and tearful, the lips pale, the pulse accelerated, small and feeble, the strength prostrated;

Causticum, whose use in the treatment of affections of the stomach, seems to me susceptible of being much extended, is the specific for *suffocative gastritis;* a form very rare in children. The symptoms which call for its use, are: spasmodic distention of the epigastrium, with burning and inodorous eructations; bilious coloration of the face; absence of sweat; and even of heat in the forehead and hands; constipation; lastly, tickling in the throat, which provokes a dry cough.

The different medicines I have just mentioned, are administered stronger, and in doses more frequently repeated, in proportion to the intensity of the symptoms. The nature of these last, as well as the kind

of medicine to which we have recourse decides, as usual, the choice of the dilutio· s.

In general, *acon.*, *pulsat.*, and *chamom.*, are prescribed from the sixth to the eighteenth; *phosph.*, *arsen.*, and *caust.*, from the eighteenth to the thirtieth. With the exception of the cases to which *causticum* and *phosphorus* correspond, it is seldom that gastritis requires a treatment of long duration.

ENTERITIS.

Enteritis is the inflammation of the intestines. It manifests itself as a sympathetic affection of almost all the organic and functional lesions of the economy; but as a primitive disease, it is rare. In children, however, it is more common than gastritis, to which beside it often succeeds.

Authors have described a multitude of varieties of enteritis. Some have founded those they have admitted upon the different degrees of intensity, which this disease may present without changing its nature; others, more logical, no doubt, have deduced theirs from notions furnished by pathological anatomy. It is thus that these last have admitted:

1st. *Erythematous enteritis*, or inflammation of the mucous membrane;

2d. *Phlegmonous enteritis*, or inflammation of the muscular tissue of the intestine;

3d. *Follicular enteritis*, or inflammation of the follicles;

4th and last, *Serous enteritis*, or perienteritis; in other terms, inflammation of the peritoneal envelop of the intestine.

Of these four varieties of enteritis that I willingly adopt, with the exception of the last, which appears to me problematical, if we consider it otherwise than as representing the highest degree of intensity of the others, I shall only speak here of the first—*mucous enteritis*. The second, in fact, is evidently only a more violent degree of the first, as phlegmonous erysipelas is only the aggravation of simple erysipelas.

As to *follicular enteritis*, which constitutes, as everybody knows, the characteristic lesion of typhoid fever, I shall speak of it later, under the head of this latter disease.

Mucous enteritis, an affection often disregarded, may be observed from the earliest period of life. It commonly begins without appreciable fever, by a simple relaxation of the bowels; but the stools soon become more frequent, and undergo a change. They are preceded by moaning and anxiety, cries, and even convulsions. The moaning and crying are renewed during the evacuations. The evacuations soon lose their normal color and odor. They are of a reddish brown, or green tint, sometimes aqueous or slimy, sometimes bloody, purulent, and containing pieces of membrane, and sometimes, finally, of a dark color, and mixed with indigested food.

Excoriation and œdema of the anus, often, even falling of the rectum, add to the discomfort of the child. It experiences alternations of tenesmus and constipation; the skin is burning, the pulse frequent. The tongue, white and moist in the beginning, becomes dry, and sometimes passes from a dark-red to a blackish brown; the patient drinks incessantly; the abdomen is distended; his strength diminishes; the features change, shrivel up, and take the appearance of old age. Soon he has no longer strength to cry, but continues a plaintive moan; lastly, the stools stop, the meteorism increases, feeble convulsive movements manifest themselves, and the patient dies, if art has not succeeded in arresting in time the progress of the disease.

This form of enteritis, always very serious in infants at the breast, is more to be dreaded in proportion as the children are young.

Generally more benign in children of from five to ten years, mucous enteritis rarely assumes in them the alarming character I have just described. In cases at this age, it has two ways of beginning:

In some instances, a child is taken with a not very abundant diarrhea, which does not seriously affect him. He continues to play and amuse himself; his appetite continues, or only insensibly diminishes. This state lasts eight or ten days, sometimes longer;

then supervene acute symptoms; fever, pain in the bowels, thirst, anorexia, augmentation of the diarrhea.

At other times, the commencement is abrupt, and characterized by cephalalgia, vomiting of food or bile, epigastric or umbilical pains, thirst, and loss of appetite.

We have then, during an interval of from four to ten days, the following symptoms: The face has some color, the features are drawn; there is heat, and often moisture in the skin; the pulse is frequent, a hundred or a hundred and twenty pulsations to the minute: the abdomen is sensitive to pressure, either in the umbilical region, or in the sides and iliac fossæ, rarely in the epigastrium; it is large, sometimes a little tense, warm, and sonorous; very rarely one may perceive gurgling; the stools are sometimes very abundant, very numerous, very liquid, and seem then to come from the small intestine, or they are more rare, less liquid, and vary from two to six in the twenty-four hours; they are mucous and bilious, rarely green, more frequently various shades of yellow or brown.

The vomitings that take place in the beginning, discontinue after one or two days, and are, at the most, replaced by nausea. The tongue is moist, very rarely dry, red at the point and upon the sides, covered at the base with a white or yellowish coating,

more or less thick; the mouth is sometimes offensive, the breath sometimes fetid.

The child does not sleep, or sleeps badly; its sleep is agitated; he does not, however, complain of headache. The delirium, always flying and of short duration, is an exceptional and very rare phenomenon. It may, nevertheless, manifest itself without being any proof that the disease is degenerating into typhoid fever.

There are sanguine-nervous children so liable to delirium, that they present this symptom in almost all their diseases.

This state continues for a few days, when the fever abates, the skin returns to its normal temperature, the pulse falls, according to the age, to seventy or eighty pulsations a minute; the face becomes pale, and even emaciated; the child is a little enfeebled, but the appetite returns; the looseness of the bowels still continues, but gradually diminishes; the bowels recover their elasticity, and lose their sensibility. All the symptoms, in short, gradually disappear, and the child returns to its natural state, after an illness of from twelve to twenty days, retaining no other trace of it than a little feebleness and emaciation.

Such is the normal course of primitive mucous enteritis, during the second period of childhood. It is easily understood, that the constitution of the patients, the more or less judicious attention they receive, and perhaps, above all, the influence, always

so marked in all our diseases of the hygrometrical and barometrical state of the atmosphere, may vary almost infinitely the intensity of the symptoms and the duration of this affection.

Finally, the intimate cause of the disease, that which the most frequently escapes us, necessarily impresses upon it a particular stamp, so that between ephemeral enteritis, the accidental consequence of an indigestion, and typhoid enteritis, there exist innumerable shades.

Should enteritis be classed among essential diseases? This question, to be explicitly answered, requires more precise notions than we yet possess upon the disease in question. It is clear, on the one hand, that a sudden chilling of the skin, or the passage into the intestines of a badly elaborated chyme; that is to say, of substances which have resisted the dissolvent action of the stomach, may cause immediately, and without the intervention of any miasm, erythema of the intestinal mucous membrane. But, on the other hand, it appears to me not less evident, that certain forms of enteritis, that, for example, of children at the breast, which develops itself, and passes through its different stages, to a fatal termination, in spite of the most judicious hygiene, and the most rational treatment, depends upon a cause more active and profound than a temporary suppression of the perspiration, or the transient contact of indigested food. What physician has not seen several children

of the same family die successively, at the same age, of this disease? Was it the mother's milk which was fatal to them? This is not impossible: nature has its caprices. However, I have seen in families where the children had succumbed in this manner, two cases in which the milk of a good nurse was vainly substituted for that of the mother, for this precaution did not prevent a new catastrophe. The children, then, bore in their blood the germ of the disease of which they were to die. Such facts are not, unhappily, as rare as might be supposed.

TREATMENT.—The following medicines have been recommended against enteritis in children at the breast: *aconitum*, *chamomilla*, *pulsatilla*, *belladonna*, *hyoscyamus*, etc.

"Numerous observations," says Hartmann, "have taught me that *aconite* should always be given at first in the diseases of children, from the moment that there exists in them the least trace of vascular irritation." This is perfectly just. "I have, in fact, observed," adds the same author, "that *aconite*, given at the commencement of the majority of the diseases of children, not only calms the violence of the symptoms, but often entirely dissipates the disease." To this again, I have no serious objection to make, if it is not that the physician is far from being always called at the commencement of the disease, that he is often in fact, only consulted at a period when *aconite* ceases to be indicated.

"*Chamomilla*," continues Hartmann, "merits a place after *aconitum*, if the stools are watery, or slimy, whitish or green, and are passed with violent pains, especially if they are more frequent at night, and if the light sleep of the patient is often interrupted by sudden starts;

"*Pulsatilla* is equally indicated when heat alternates with sudden chills; when there is wakefulness, or simply a little sleep in the morning, with continual moans, diarrheic, mucous, acrid, and frequent stools, with vomitings;

"*Nux* and *bryonia*, in cases where the patient is constipated; the latter, especially, when the abdomen is very sensitive to the slightest pressure;

"*Belladonna* and *hyoscyamus*, when, instead of actively marked inflammation, the disease presents a sub-inflammatory state: these medicines, also merit consideration, if to these inflammatory symptoms are added, spasmodic symptoms, which are especially distinguished by their periodicity.

"*Coffea* is an indispensable remedy, when the nervous system greatly predominates over the vascular system." After this quotation, which embodies nearly the whole of the therapeutics, followed by homœopathic physicians in the treatment of enteritis in infants at the breast, I will in turn, give the result of my own personal experience.

Now, it is with the profound conviction, left me by the painful recollection of the many reverses I have met

with, that I venture to affirm, that in serious enteritis in children at the breast, *aconite*, *chamomilla*, *pulsatilla*, *bryonia*, *nux vomica*, *belladonna*, *hyoscyamus* and *coffea*, are medicines absolutely powerless, hardly modifying the course of the disease, never arresting its progress, and much less preventing its fatal termination.

There exists in my knowledge, against serious enteritis of infants, but one really efficacious remedy upon which we may depend. I have the consciousness of rendering to art, and to humanity a real service in pointing it out: this medicine is *lycopodium*.

Thus then, when the enteritis of which I have given the description, does not immediately yield to *chamomilla*, which seems indicated by the dominant symptoms, we should hasten to suspend this and prescribe *lycopodium*.

An important remark is, that this medicine will only be followed by good results, when given in extremely feeble doses. We should prescribe two or three globules of the thirtieth dilution, in four ounces of rain water, of which one teaspoonful is to be given to the child in the morning.

It is useless to add to this treatment, either injections or poultices; but what is naturally indispensable to its success, is a proper regimen; great care then should be taken in this respect. We may judge from this specificity of *lycopodium*, how dangerous and deplorable is the abuse made of this substance in using it as a powder for children.

Lycopodium does not correspond to enteritis in children, of from five to ten years. It is against this form that we may, according to the symptoms, use the medicines indicated by Hartmann; medicines to which *arsenicum* should be added, which is the specific for enteritis, with mucous diarrhea, caused by a chill.

GRIPINGS IN INFANTS AT THE BREAST.

"A child," says Rosen, "has gripings when it is agitated, unquiet, cries much, agitates its feet, smiles in his sleep, or seizing the breast when it is presented to him, immediately lets it go again. The stools are then green or soon become so. His swaddling clothes are tinged with a greenish color, when they are dry. The child has a sour smell, as well as his occasional eructations. If this state continues for a certain time, dysentery is to be feared."

These pains almost always depend upon an imprudence in regimen committed by the nurse (see p. 61, chapter on Nurses, etc.); but they also often proceed from leaving the child in the linen wet with his urine. Whatever be their cause, we should hasten to relieve them by administering a few teaspoonfuls of a glass of water, in which has been dissolved three or four globules of *chamomilla* of the twelfth dilution.

"It is remarkable," says Rosen again, "that a child who has these pains and will not suck, takes the breast willingly and sucks without difficulty to satiety,

when some one holds him in an upright position before his nurse."

This is perfectly true. It is, perhaps, because the vertical position of the child keeps the acid humors contained in the stomach, away from the cardiac orifice, and makes them fall into its lower part. But it is understood, that especially in the cases where the pains have been caused by the nurse's milk, it is important that the child should not receive the breast immediately.

COLIC.

Colic, like diarrhea, forms a part of the symptoms of enteritis, and like it, yields to the treatment which cures the latter. But colic, in second childhood, may exist without enteritis, and even without diarrhea. It often, for example, shows itself in consequence of a chill in the feet. The child tries, but in vain, to go to stool. At the most, he succeeds in the expulsion of gas, and incomplete stools, which give him no relief.

The principal seat of the pain is a fixed point above the umbilicus. The pulse is normal, sometimes a little frequent; but the face is pale and pinched.

Cina, is the specific for this sort of colic. It should be given from the ninth to the twelfth dilution; a few globules in a glass of water; four teaspoonfuls in the space of an hour.

CONSTIPATION.

This again is a symptom rather than a disease. A bad diet, either in the nurse, or child, is generally its cause. Thus it is frequent in children raised with the sucking bottle, without conforming to the precepts I have laid down (see p. 72).

It is not impossible that it may also be an effect of *lycopodium*, when the nurse is so imprudent as to use this substance as a powder for cracks.

When this is not the case, *lycopodium*, thirtieth dilution, in feeble doses once a day, or every other day for a week, is one of the best modes of combating obstinate constipation, even those forms which do not yield to a change of regimen. Tepid baths, when nothing contra-indicates their use, conduce to the same end. As to the injections of milk and honey, recommended by Hartmann, they are real purgatives, to which I would have recourse, in cases only of the most pressing necessity, and when homœopathic means had positively failed.

Constipation may be within certain limits a natural state. Children of nervous temperaments are subject to it, but they should be always watched, for it is a serious symptom in the greater part of the diseases of children. When accompanied by fever, there is danger of cerebral symptoms. *Bryonia* is one of the surest means of combating the accidental consti-

pation in children, of all ages, which coincides with sourness of the stomach and heat in the forehead.

LIENTERY.

We thus name a sort of diarrhea whose existence is most commonly dependent upon another disease, aphthæ for example, in infants; but which may also constitute an independent affection, of which the following are the symptoms:

Excretion of solid or liquid aliments, a short time after their reception into the stomach, without their having undergone any alteration, either in their consistence, color, or even odor;

The patient experiences, immediately after the repast, a sensation of coldness in the epigastric region, which swells, is distended a little with flatulence, and soon subsides. Hiccoughs, soon succeeded by loud borborygmus, and a few gripings announce that the food has cleared the pylorus and is passing through the windings of the small intestine. Soon, in fact, the pain moves about, here and there in the abdomen, and at the same time the patient experiences a sensation of emptiness in the stomach, and almost immediately a desire to go to stool;

The evacuation is effected without pain, or at the most, with slight colic; but it is followed by great prostration, some moments of vertigo, and an excessive desire for food, which soon produces syncope, if it is not immediately satisfied; the tongue is clean, a

little whiter than in the normal state. The thirst is great.

Lientery may last several days, weeks, months, years even. I saw in Oct. 1849, a poor tailor, who had been afflicted with it since 1832, when he had had the cholera.

When the disease has passed into a chronic state, the general health is profoundly affected ; the patients have a yellow, harsh, and wrinkled skin. In the majority, the emaciation is extreme; the strength is so much exhausted, that they can hardly sustain themselves; they have three, four, or even five and six stools in the twenty-four hours, which exhausts them so much the more, as a part of these stools occurs in the night. They have beside, no sleep; the mind becomes very much affected; they are sad, taciturn, irritable, hypochondriac. I know of nothing, in fact, more discouraging than their condition; yet there are, nevertheless, some who seem to pay but little attention to it.

Lientery certainly depends upon a particular idiosyncrasy : I have many times observed it in children addicted to onanism. Was the irritation of the intestine, in these cases, the cause or the effect ?

Authors cite, as causes of this disease, the habitual use of indigestible and unsubstantial food; such as raw, fermentable vegetables, acid wines, the abuse of purgatives, humidity of habitations, or of certain climates. They add, in short, what is very true, that

lientery may succeed to mucous enteritis; to typhoid fever, and especially to cholera. It is observed at all ages.

TREATMENT.—The first condition for the cure of this disease is, a substantial regimen, and especially the abstinence from roots, milk food, and above all, from dried vegetables, unless prepared in a meat soup; still, meat itself, especially roast meat, is always preferable for them. It results from this, that lientery is almost incurable among the poor. I saw it once, about five or six years since, yield rapidly and without the aid of any medicine, to a fortifying alimentation, and the moderate use of old Bourdeaux wine, in a patient, who had been kept for a year on low diet, and for two months on ass's milk, which was a little less absurd, but which was still a contradiction.

Arsenicum, *china* and *oleander* are almost the only medicines which ought to enter into the treatment of lientery.

Arsenicum is the remedy par excellence; but it only shows itself truly efficacious when administered in rather low dilutions, at the twelfth, for example, or even at the sixth. At the higher attenuations, *arsenicum* acts more upon the nervous system, than upon the intestinal mucous membrane. Thus, in the last cholera epidemic, the homœopathists who made the mistake of prescribing it at the thirtieth dilution, had occasion to remark, that it was badly borne by the

stomach, and that it produced but imperfectly the hoped-for results.

Arsenicum in the treatment of lientery, should be prescribed in drops, with water, (two or three drops to four ounces of water), of which the patient will take two or three teaspoonfuls a day. It should be continued until the stools are reduced to a normal consistency.

If there still remains thirst, acrimony and styptic taste in the throat, with indifference to food, *china* will procure the immediate disappearance of these symptoms.

The amelioration produced by arsenic, is instantaneous and nearly constant; but it is not always durable: relapses are frequent, especially when the disease has already existed for years.

There will then be occasion to have recourse to *oleander*, of which Hartmann recommends the administration from the beginning; and which he seems to prefer to *arsenic*.

May not this predilection arise from the provings made by Hartmann upon *oleander?* "This medicine," says he, "is the sovereign remedy for lientery." I am assuredly far from denying this specificity of *oleander*, which seems beside, justified by what we know of its pathogenesis; but I confess that I have not yet verified it for myself.

DYSENTERY.

Dysentery is an inflammation of the *rectum*, with increased secretion of mucus, and an exudation of blood. It is either sporadic, or epidemic, primitive, or secondary: in this last case, it almost always succeeds enteritis.

Primitive dysentery commonly shows itself in the latter part of summer, while the days are still very warm, and the evenings and nights begin to be cool. This alternation of heat and cold, seems to be the true cause, or at least the most frequent cause, of dysentery, for this disease prevails principally in countries where this perpetual contrast of warm days and cool nights characterizes the climate. Thus, dysentery is epidemic in Algeria.

Children are more subject to this disease than adults. It always presents a certain gravity, but is hardly ever fatal, except under the influence of a vicious treatment.

When dysentery succeeds to enteritis, the mucous or bilious stools of the latter, become sanguineous, and tenesmus takes the place of diarrhea.

Primitive dysentery begins with a violent chill, followed by strong febrile reaction, with a dry and burning skin, thirst, dry tongue, extreme desire for cold drinks, urine scanty, burning, reddish, and depositing a sediment.

Bilious vomitings soon supervene, which are often

renewed during the course of the disease; then appear the local symptoms: tumefaction of the abdomen, whose sensibility is so great, that the patient cannot support the weight of his coverings; violent griping pains; continual and never satisfied desire to stool. The child, who would remain almost indefinitely on his close stool, if left there, only evacuates, each time, a little bloody mucus, or a few drops of pure blood: he experiences an extremely painful sensation of burning in the anus; sometimes, in short, the efforts he makes to go to stool, produce prolapsus of the rectum, an occurrence, beside, which is frequent enough in children at the breast, and which we also see produced, although much less frequently, during the course of a simple mucous diarrhea.

The duration of dysentery is very variable. When the termination is to be favorable (which most commonly is the case), it almost always happens that a few days of mucous diarrhea succeed the tenesmus, which itself rapidly diminishes. When on the contrary death supervenes, its approach is announced by the sudden cessation of the severe pains felt by the patient, by the sinking of the features, coldness of the extremities, smallness and intermittence of the pulse, the involuntary emission and extreme fetidness of the evacuations.

TREATMENT.—Two medicines control the therapeutics of dysentery, whatever be the age of the patient, or the cause and intensity of the disease;

these two medicines are *ipecacuanha* and *petroleum*. One or two doses of *aconite*, at the utmost, might precede their use in case of intense fever. It is almost always more advantageous to prescribe them from the first, together; that is to say, one (*ipecacuanha*) in the morning, the other in the evening.

I commonly use *ipecac.*, at from the sixth to the twelfth dilution, and *petrol.*, at from the twelfth to the twenty-fourth. I prescribe of each seven or eight globules in four ounces of water, to be administered by dessert or teaspoonfuls, according to the age of the child. The same medication is renewed every day, until the disease is completely cured.

It is to be remarked that among the numerous medicines extolled for dysentery, no practitioner, that I know, has mentioned *petroleum*. Those to which, until now, the preference has been given, are: *mercurius corrosivus*, *colocynthis*, *nux vomica*, *carbo vegetabilis*, *sulphur*, *hepar sulphur*, *belladonna*, *arsenicum*, *veratrum*, *capsicum*, *china*, and lastly *aloes*, which few persons, I believe, have used with success.

I shall only say a few words of the two first.

Merc. corros., is indicated by the following symptoms: almost continual pains, day and night; frequent, but scanty, bilious, fetid, green or brown stools; insatiable thirst; white tongue, with a tendency to become dry on the edges; anxiety; heat; wakefulness; feeble and frequent pulse.

Colocynthis may be prescribed, if the stools are

yellow, aqueous, mucous and mixed with pure blood; if the colic, which accompanies them, disappears immediately after, but returns as soon as the patient takes any food or drink whatever; if, finally, the heat is moderate and the pulse almost natural.

However, in conforming to our indication touching *ipecac.* and *petrol.*, we shall hardly ever have occasion to have recourse to any other medicinal agent.

The regimen required by dysentery is almost complete abstinence from food (excepting in children at the breast), for a day or two, after which the patient may be put upon the use of thin soup—then soup of a better quality, and lastly light meats, such as poultry and lamb chops.

TYPHOID FEVER.

Typhoid fever, which in many respects, may be considered as the correlative of variola, is a serious disease, essentially constitutional, and whose anatomical characteristics consist; 1st, in turgescence, then in ulceration of the follicles of the small intestine, especially the glands of Peyer; 2d, in the sympathetic engorgement of the mesenteric glands, and sometimes of the spleen.

Typhoid fever, whose contagion is, it seems to me, only transmitted by the atmospheric air, prevails almost always epidemically.

Children are much more exposed to it than adults. It is especially frequent between the ages of nine and

fourteen, less frequent from five to eight; rare in the first years of life. It oftener attacks boys than girls.

The general symptoms of this disease are nearly constant; but, like all other miasmatic affections, they present themselves to the eyes of the observer under a multitude of different aspects, which evidently only results from its greater or less intensity.

It follows from this that it is impossible to point out, in absolute terms, its duration, which may limit itself to a few days, or be extended to a month. But it is to be remarked, that mild typhoid fevers have the same relation to the serious forms of the disease, that varioloid has to variola; the same symptoms are present in each case, but in the former are attenuated in severity, and limited to a shorter time.

Relapses, during convalescence from typhoid fever, and even the reproduction of this disease at short intervals, in the same subject, are not without examples. These instances, however, are very rare, as rare, perhaps, as the relapses of variola.

To facilitate the description of typhoid fever, I shall, after the example of MM. Rilliet and Barthez, admit three different forms of this disease; but this distinction, be it well understood, is purely arbitrary, and implies no essential difference, either in the nature, or as we shall soon see, even in the treatment of this disease.

Mild Typhoid Fever, is sometimes announced by a few days of depression, of general lassitude, of want of appetite, and ill-humor; sometimes it begins ab-

ruptly with moderate fever, slight headache, anorexia, thirst, slight diarrhea, abdominal pains, and very rarely with constipation and vomitings. The tongue is moist, covered with a not very thick whitish coating; the abdomen is soft. The child is prostrated, his strength is gone; there is a darkish circle round his eyes; the nostrils are dry; his nights are good, sometimes, however, troubled with transient delirium; his face presents, when he awakes, a sort of dull and unusually stupid expression, and the forehead is bathed in perspiration.

This state continues from four to six days without observable change; but from the sixth to the eighth day the headache ceases, and a few red spots appear upon the abdomen, and the internal parts of the thighs; then, but not constantly, sudamina upon the sides of the neck, or upon the abdomen. The tongue is now a little less moist, the gums a little swollen, and covered with small white patches; the abdomen is prominent and sonorous; gurgling is felt in the right iliac fossa. If there is a cough, it increases, and we hear a distinct sibilant râle on the posterior part of the chest. These symptoms remain stationary for several days, then successively disappear. The tongue again becomes moist; the abdomen recovers its pliancy; the diarrhea ceases; the fever diminishes; the agitation disappears, and the patient enters upon his convalescence, after an illness of from fifteen to eighteen days, sometimes even much less.

Serious Typhoid Fever.—It commences sometimes after several days of indisposition; sometimes unexpectedly by an intense fever, severe cephalalgia, constipation and bilious vomiting. Diarrhea soon succeeds to constipation, especially in very young children. The tongue is thickly coated, often dry, and red at the point. The abdomen is painful, especially at the umbilicus, or in the [right] iliac fossa; sleepiness during the day, agitation and delirium at night; the sudamina are proportionally more numerous than the red spots; the cough is very severe; the sibilant and sub-crepitant râle are very extensive, sometimes there supervenes one or several attacks of epistaxis.

After a longer or shorter duration of these divers symptoms, they either diminish little by little, or become complicated with an organic lesion, such as otitis, pneumonia, pleurisy, perforation of the intestine, etc., which carries off the young patient.

Very serious Typhoid Fever.—This form sometimes begins like the preceding, and the symptoms it presents, are but the progressive exaggeration of those I have just described. But at other times, it reveals from the first, by the violence of its invasion, the gravity of its nature. Thus, from the beginning, the fever is very violent; the skin burning; the cephalalgia intense; the prostration extreme. Constipation is then a constant phenomenon, as well as abundant vomitings. "The face," say MM. Rilliet and Barthez, "expresses extreme dejection; after a few days,

there supervenes the most intense delirium, an extreme agitation soon followed by profound depression; new exacerbations of delirium and agitation; the head is then bent backward, the eyes are sometimes shut, sometimes half open, sometimes turned, convulsed, upward; the pupils sometimes dilated, sometimes contracted; the lips are agitated with movements and tremblings; the face red and pale by turns; the countenance changes expression every instant; there is sometimes a very wild expression, at other times the child appears sleepy; the eyes are shut; a few moments after he arouses from this lethargy, to utter the most piercing, prolonged, and plaintive cries; he changes every instant the position in which he lies; sometimes on the back, sometimes on the side; his cries increase: abundant evacuations fill the bed of the young patient; the urine is passed involuntarily. Complete prostration, and insensibility finally prevail; the trunk has the rigidity of a bar of iron; intelligence is abolished, the face is covered with a cold sweat, and death supervenes at the end of from seven to nine days. But the disease may be prolonged to a much later period; there then persists a very active delirium, alternated with drowsiness—the pupils are dilated; we sometimes observe subsultus tendinum or carpologia; the tongue is covered with a thick fuliginous coating; the teeth are incrusted; the lips red, excoriated and blackish; the nostrils dry; the features drawn; the pulse small and

wiry; the stools are always involuntary; the abdomen much distended, or on the contrary, retracted. Eschars are produced on the sacrum, and death occurs from the fifteenth to the thirtieth day." *

I venture to affirm, that it is infinitely rare, I will say, almost unknown, that under the influence of a well-directed homœopathic treatment, typhoid fever pursues such a course.

To sum up, the dominant symptoms of this disease, are vomitings in the beginning, (although they are sometimes wanting); diarrhea, which is constant; pains and tension in the abdomen; general stupor and delirium.

Of all diseases, that with which typhoid fever may be most easily confounded, is *meningitis*. In fact, fever, vomitings and cephalalgia, are the symptoms which belong to the beginning of both diseases; but the abdominal symptoms present remarkable differences. Thus, in meningitis, the abdomen, instead of being distended, flatulent and prominent, is almost always retracted, hollowed even in the form of a boat. On the other hand, it very rarely happens, in typhoid fever, that we see manifested in the beginning, the extreme agitation and the delirium which mark the commencement of meningitis. Lastly, the cough and the sibilant râle, which we observe almost constantly

* Rilliet et Barthez: *Traité Clinique et Pratique des Maladies des Enfants*, tome ii, page 377.

in typhoid fever, is hardly ever seen in the cerebral affection.

TREATMENT.—The treatment that I myself have adopted, and which I most earnestly recommend to other practitioners, because it has constantly succeeded with me, rests upon three medicines only: *ipecacuanha*, *belladonna*, *acidum muriaticum*.

Ipecacuanha is administered from the beginning, even when there are no vomitings. I give it at from the sixth to the twelfth dilution, three times in the day, and renew this prescription on the next day if no cerebral symptoms are yet manifested. But generally the use of *ipecacuanha* should not be continued beyond the third day.

Afterward, administered concurrently, *belladonna* and *acidum muriaticum*, the first at from the sixth to the twelfth dilution, twice in the morning; the second, at a low dilution—the third for example—once only, in the evening.

Belladonna corresponds to the affection of the nervous system; *acid. muriaticum* to the intestinal ulcerations, for which it is the specific.

The use of these two medicines, should be continued until a decided amendment occurs, I will almost say, until the resolution of the disease. However, if after the first few days, the agitation, delirium and stupor completely disappear; if there is no constipation, cough, or angina; if the face, instead of being injected, resumes its normal color, we may at first

reduce *belladonna* to a single dose per day, then discontinue its use. *Acid. mur.* may then be administered alone, morning and evening, for one or two days.

But as the violence of the cerebral symptoms is in direct proportion to the intensity of the intestinal affection, the alternation of *bellad.* and *acid. mur.* will hardly ever need to be interrupted.

When, toward the termination of the disease, the diarrhea no longer exists, or has almost disappeared—if the patient still has dryness of the tongue and lips, with a brownish tint upon the latter—we may prescribe *china* for one or two days.

One need not be anxious about the partial paralysis which may still persist during convalescence. *Deafness*, for example, *loss of speech*, or *paralysis of a limb*, are, in these cases, unimportant phenomena; and beside, a few doses of *nux vomica* will effect their prompt disappearance. The suspension of taste and smell, (phenomena which it is very difficult, not to say impossible, to verify in children,) calls more especially for the use of *causticum*.

Lastly, cases may present themselves when it would be proper to administer *bryonia*, *rhus toxicodendron*, *phosphorus*, and *sulphur*.

It is for the sagacity of the physician to decide, according to the totality of the symptoms, when the use of one or other of these medicines is demanded.

ICTERUS—JAUNDICE.

By the name of *icterus*, or *jaundice*, is designated the yellow coloration of the skin and of the tunica albuginea, with or without disturbance of the circulatory apparatus. New-born infants are subject to it; but it is then of no importance, and commonly disappears of itself, at the end of seven or eight days, by copious evacuations.

When icterus is accompanied with fever, it lasts longer, and there is danger of its degenerating into a chronic affection of the liver, with emaciation of the body, dropsy, or tuberculation of the mesenteric glands.

TREATMENT. — *Aconitum*, *chamomilla*, *bryonia*, and *nux vomica* are the principal medicines called for in the treatment of icterus.

We prescribe:

1st. *Aconitum*, during the febrile period. This medicine will often suffice to cure the disease;

2d. *Chamomilla*, if the icterus is without fever; if it is in consequence of a fit of anger; if it is accompanied with bilious diarrhea;

3d. *Bryonia* from the first, but most commonly after *aconitum*, if we observe gastric symptoms, thirst, heat in the forehead and palms of the hands;

4th. Lastly, *nux vom.*, under circumstances nearly analogous to those which call for *bryonia;* but especially if there is constipation, with hot and dry skin.

Dr. Hering recommends, in addition, against icterus, *mercurius vivus*, *sulphur*, *lachesis*, and *ipecacuanha*; perhaps the last of these may be preferable to *bryonia*, in the cases where this has been proposed by me. Having had no experience with it, I am unable to affirm anything in regard to it.

PERITONITIS.

Peritonitis is a general or partial inflammation of the peritoneum. It is a disease rarely occurring in children, especially as a primitive affection. Its characteristics are: intense pungent pain in the abdomen; pulse small and frequent; great paleness of the face. The vomitings, which almost always accompany peritonitis in adults, are very rarely observed in the peritonitis of children.

The pain in the abdomen, at first circumscribed, soon spreads over all the surrounding region; the abdomen is then distended, tympanitic, and the least movement, the slightest change of position, causes the patient to cry out with pain.

Peritonitis, frequently mortal in a few days, sometimes, also, passes into a chronic state. An effusion of serum then takes place in the abdomen, of which it is easy to perceive the fluctation. Chronic peritonitis is not essentially incurable, but it requires time, and great care.

TREATMENT.—*Aconitum*, in repeated doses, during the acute period; *spongia tosta*, *lachesis*, *causticum*,

calcarea carbonica, and, lastly, *china*, in chronic peritonitis.

INTESTINAL WORMS.

Intestinal worms are, like the other parasites of the economy, the products of certain morbid states, existing previously to their formation. Hence it follows, that the existence of entozoa should be considered as a symptom, not as a disease. This consideration is important, in a therapeutic point of view. It is easily understood, that it cannot be a matter of indifference whether we direct the treatment against the disease itself, or against the product it engenders. I believe I have already made the importance of this distinction felt, apropos of tinea and lice, and again, farther on, of the itch and the acarus.

The digestive tube, in children, is susceptible of engendering the different species of intestinal worms described by writers on the subject; but the proportional frequency of these parasites is very different. Thus, we observe the *ascaris lumbricoides*, and the *ascaris vermicularis*, more frequently in childhood than at any other period of life; the *trichocephalus* exists, indifferently, in children and adults; lastly, the *bothriocephalus*, and the *tænia*, are extremely rare in children.

As the symptoms which correspond to the presence of *trichocephalus* are very vague, very obscure, and very little known, we shall abstain from describing

them, and speak only of *ascaris lumbricoides* and *ascaris vermicularis*.

Ascaris Lumbricoides.—The ascaris lumbricoides, [long round-worm,] has a length of from six to sixteen inches, and a diameter of from one-fifth to one-third of an inch. It is cylindrical, almost equally tapered at the two extremities; a little more, however, toward the head, which is distinguished from the rest of the body by a circular depression. Above this depression are seen three little elevations, or rather three valves, which are capable of opening and closing; when they open, we discover between them, a tube, which is, in fact, the mouth of the animal.

These worms are of a more or less dark rose color; according to the nature of the food with which they are gorged. Their alimentary canal, recognized by its brown color, is terminated by a transverse slit situated a little forward of the posterior extremity of the body.

The two sexes are separate; the male is distinguished from the female by its curved tail, upon which are visible its organs of generation The genital organs of the female are whitish ducts, easily to be perceived by the transparency of the envelope; and the contrast of their color with that of the intestinal canal.

The small intestine is the favorite locality of ascarides lumbricoides; but they traverse all parts of the

alimentary canal. They are found in the large intestine, from which they are often expelled by stool. They sometimes rise into the stomach, œsophagus, and even the pharynx, and it is not very uncommon to see children eject them by vomiting. Finally, authors cite examples of their presence in the trachea, bronchiæ, nostrils, frontal sinuses, and even under the skin of the abdominal parietes, where they form abscesses, upon the opening of which they are thrown out externally.

The number of ascarides in the intestines is infinitely variable. We sometimes see them accumulated by hundreds and forming balls of the size of the fist. MM. Rilliet and Barthez report on this subject an observation inserted by Daquin, in the thirty-fourth volume of the *Journal de Médécine, Chirurgie et Pharmacie*, which deserves to be quoted. "We first opened the stomach," says the author, "and found there a single round-worm, almost as long as the forearm, extending through the cardia and along the œsophagus. From thence coming toward the pylorus and following the duodenum, we found it crammed (if one may be permitted the expression) with the same worms, great and small, to such a degree as to have become hard and resistent, and distended to a much greater volume than it naturally possesses. The worms were mixed with a greenish substance, which I recognized as herbage, and which, judging

from the fetid odor it exhaled, must have been a long time in the intestine.

"We continued our search through the rest of the canal, and the jejunum, the ileum, and the cæcum were so filled that I could compare it to nothing but force-meat; it seemed as if they had been stuffed in. We found some in the colon, mixed with the fecal matter, but in less quantity."

In the post-mortem examination of children, who have died of verminous affections, we almost always discover traces of erythematous enteritis, that is to say, a vascular injection of the intestinal mucous membrane, which in certain cases, rare it is true, had lost sensibly its natural consistence. As to perforation of the intestines, coincident with the existence of lumbrici, MM. Scouteten, Cruveilhier, and Jules Cloquet, do not hesitate to attribute them to a morbid state, independent of the action of these worms; an opinion which coincides with that of all homœopathic physicians.

It is especially between the ages of three and ten that children are subject to verminous affections. According to authors, little girls are more subject to them than little boys; I am not aware how far this opinion is well-founded; but what I believe to be certain is, that these worms are more common in blond children, of a delicate and rosy complexion; to those, in a word, who present the signs of the lymphatic temperament.

We will not stop here to seek for the cause of verminous affections. They are, like the majority of other diseases, the result of a specific and hereditary miasm. It is nevertheless certain that a miserable alimentation; an exclusive milk diet; sweet or feculent dishes, herbs and fruits favor their development. It is not impossible, lastly, that certain atmospheric states, as yet little understood, or perhaps even a real miasm pervading the air is sometimes the first cause of verminous enteritis.

On this subject MM. Rilliet and Barthez say that "intestinal worms have been observed complicated with certain diseases which prevail epidemically; and it has been thence concluded that there exists an epidemic verminous disease. While we deny the justice of this conclusion, we ought, nevertheless, to acknowledge that the conditions under the influence of which certain diseases prevail epidemically, and perhaps even the nature of these affections, evidently contribute to the multiplication of worms."*

The symptoms to which the presence of ascarides in the intestines, or the disease which produces them, may give rise, are so various and so numerous, that it is difficult to present summarily a general view of them. I may add, that in consequence of the great number and diversity of these symptoms, it is less easy than may be sup-

* Ouv. cité, tom. iii, page 628.

posed to point out the certain and pathognomonic signs of verminous enteritis. Perhaps the only irrefragable sign is the presence in the stools, or in matter vomited, of one or more lumbrici; but as this circumstance is very far from always presenting itself, except in cases where there exist enormous masses of worms in the small intestine, we here give the groups of symptoms which render the existence of this disease the most probable:

Sudden and frequent changes in the color of the face, which is sometimes red, sometimes pale, sometimes lead-colored; bluish semicircles circumscribing the lower eyelid; increase or diminution of the brilliancy of the eyes; uncertainty or momentary fixedness of the look, dilatation of the pupils; itching of the nostrils, bleeding of the nose, cephalalgia after meals; flow of saliva in the mouth, especially during the night; tongue a little dry, with red dots upon the point and edges; insipid, acid, or fetid odor of the breath; thirst on waking; capricious appetites, great hunger, or dislike to food; uneasiness increased by abstinence; enlargement of the abdomen, from time to time a pinching pain, or twisting sensation in the abdomen; frequent borborygmus, sudden vomitings without apparent cause; slight diarrhea; from time to time very abundant and fetid stools; itching in the anus; short dry cough, or even violent attacks of cough like that of a severe cold, with or without glairy expectoration; sorrowful, unequal and fantastic

humor; attacks of fainting, which may return a great number of times in the same day; disinclination for labor; agitated sleep, talking in the sleep, nightmare, somnambulism; aggravation of the symptoms in the morning, especially when fasting; propensity to onanism; leucorrhœa; lastly, convulsions, delirium, epileptiform attacks, etc., etc.

It is not necessary that children attacked with verminous affections should present all the symptoms I have described, but in taking care to proceed with prudent reserve, as to the exclusion of other diseases, represented by some of these symptoms, it is rare that we do not succeed in clearly establishing the diagnosis of verminous enteritis.

TREATMENT.—A multitude of medicines have been recommended against ascarides lumbricoides, in the number of which I shall cite from Hering, *ipec.*, *carb veg.*, *pulsat.*, *china*, *nux vom.*, *acon.*, *mercur. viv.* *sulph.*, *bellad.*, *lach.*, and above all *cina*, which really possesses the properties of a vermifuge, but which is not, as is generally supposed, the remedy par excellence, for verminous affections.

My whole therapeutics in this respect turns almost exclusively upon two medicines, of which one is very little known, and the other but little used, so far as I am aware, in similar cases, except by our worthy and learned friend Doctor Petroz. The two medicines of which I speak are *viola odorata* and *stannum*.

Viola odorata, of which *cina* (the pathogenesis of these two medicines offers many points of analogy) is only for me the succedaneum, suits in all cases without exception, in which we are certain of the existence of the lumbrici. I give it at the sixth dilution, doses repeated several times a day.

Stannum, is a capital medicine if the verminous enteritis is complicated with nervous symptoms, such as melancholy, violent cough, sudden faintings, tetanic rigidity, partial or general convulsions, epileptic attacks, etc. I only use *stannum* at the thirtieth dilution, and always with a certain reserve. I think, for example, that the doses of this medicine should not be repeated more than once a day.

Neither *viola odorata* or *stannum*, will always produce the expulsion of worms, but they will not the less dissipate all the symptoms which mark their presence. It is hardly necessary to add that a suitable regimen, above all, the complete abstinence from all preparations of milk, green fruits, confectionary and pastry, is an indispensable auxiliary to the remedies I have pointed out.

Ascaris Vermicularis.—The name *ascaris vermicularis* is given to a little worm, observed exclusively in the inferior part of the rectum, ordinarily known as *pin-worm*. Bresmer, in his *Traité des Vers Intestinaux*, gives the following description of it:

"The male is a line or a line and a half in length, its body slender very elastic and of a white color.

The anterior part is obtuse and surrounded by a transparent membrane, through which we perceive, forming a species of bladder, a straight tube, which is the œsophagus, and which becomes club-shaped at the place where it is lost in the globular stomach. The intestinal tube extends through the whole length of the body, which becomes gradually larger, and assumes a spiral form toward the tail.

"The female is larger than the male, and attains a length of four or five lines. The conformation of the anterior part resembles, in its internal and external construction, that of the male, up the place where the œsophagus terminates. From this point the alimentary canal is surrounded on all sides by the oviducts."

This species of worm, which is generated with an astonishing rapidity, is the despair of the allopathic physician, who, never attacking, by the agents directed against them, the true cause of the reproduction, leaves them to exercise their ravages for years.

The itching, caused by the ascarides, is especially felt in the warmth of the bed. It is insupportable, and sometimes causes very violent nervous symptoms. As these symptoms occur every night almost at the same hour, they are sometimes taken for fevers, or intermittent nervous affections. But, on examining with care the anus of the patient, we easily discover, in the folds of the mucous membrane, the worms of which we speak. They are seen moving with vivacity

entering the rectum, reappearing, and then again disappearing.

It is these worms, above all, which cause in young girls a vaginal discharge, and provoke masturbation in children of both sexes.

The therapeutic agents extolled by homœopathists, against the affection which generates the ascarides, are of more than doubtful efficacy. We may judge of it by this passage from Hering:

"When the itching in the anus is caused by ascarides, and *nux vom.* does not suffice, if the children are very restless at night, if they are fearful, give, morning and evening, *aconite*, and if that does not suffice, *ignat.* in the morning; *mar. ver.*,* sometimes succeeds, but still more frequently *urt. urens;* but, if from time to time children are tormented by this affection, especially at the full and new moon, give *sulph.* at every full moon, and *silic.* at each new moon; if one dose has not been sufficient give it the next time in dilution, by teaspoonfuls, seven mornings in succession. If at the following full moon there is no amelioration, give in the same manner *calcar. carbon.*, which may be repeated for seven days in succession. The children should not be permitted to eat pork or pastry. If all this is without effect, give *fer. acet.*, every other day; if a diarrhea comes on stop the medicine, if the diarrhea persists, give *china.*

* Teucr. mar. ver.

"There is no objection beside to giving a little injection of oil, and if that even does not yet suffice, injections of cold water every evening: there is nothing in this to interfere with the action of the remedies. This treatment having no effect, we may try, especially in children who have inherited this affection, injections of water slightly salted; if they do not suffice, and occasion diarrhea, we may give acidulated injections. In case of a new failure, we have seen frictions, repeated morning and evening, with the half of a lemon, give relief."*

Let us be frank, and confess, that an allopathist who should read this fragment, would have a right to say to us, that our treatment was still more miserable than their own. Happily, this apparent impotence of Homœopathy in no way compromises the excellence of its principle; it only proves, that the inductions furnished by the pathogenetic study of remedies, need to be completed by clinical experience, which can only be done with time; but, let each one bring his stone, and the edifice will be completed. As for myself, here is mine:

Three medicines are required to cure the affection which generates the ascarides; they are, *lycopodium*, *veratrum album*, and *ipecacuanha*.

The first should be administered for two days only, at the thirtieth dilution, three dessert-spoonfuls, or

* Hering: *Médecine Homœopathique Domestique*, page 251.

three teaspoonfuls, (according to the age of the patient,) of a potion in which has been dissolved seven or eight globules to four ounces of vehicle.

Veratr. alb. may be prescribed in the same manner, (at from the fifteenth to the eighteenth dilution,) during the four following days.

Lastly, *ipecac.* should succeed to *veratr.*, at the ninth dilution, for three or four days, at the most, and all will be finished.

In the majority of cases, the itching will have been removed by *lycopodium*, but we should, notwithstanding, make use of the two auxiliaries of which I have spoken. Nineteen times in twenty, at least, this treatment will succeed. If one should be so unfortunate as to fail in this treatment, we have still, as a resource, the interminable series of means collated by Hering; but, for myself, I confess, if I had in perspective the necessity of running such a round, to arrive at last to *injections of salt water* and *frictions with the half of a lemon*, I should prefer to abandon myself at once to the frictions of mercurial ointment, practiced by Professor Cruvelhier in such cases, or even to the injections of olive oil and mercurial ointment, recommended by M. Jules Cloquet, in his Clinical Lessons

TABES MESENTERICA — ATROPHY OF CHILDREN.

The name *tabes mesenterica*, or *phthisis mesenterica*, is applied to the scrofulous engorgement, or, still better, to the tuberculation of the mesenteric glands. Tabes mesenterica is only then, properly speaking, one of the internal forms of scrofula, whose general symptoms, as we have described them, (p. 207,) characterize, in fact, the external appearance of children affected with phthisis mesenterica.

Tabes mesenterica, which is very rare in children under three, and over twelve years of age, is most common between the ages of five and ten. Statistics seem to prove that it affects boys more than girls. Like all other forms of scrofula, it is frequent in cold and damp countries, and almost unknown in dry and warm climates.

It is a very serious disease ; so much the more serious, that it is often not recognized until it is already far advanced. I am, at the same time, far from considering it incurable, even when it has already produced extreme emaciation. My opinion, on this subject, is based upon unquestionable facts.

I admit, however, with all other practitioners, that it is very unfortunate that we cannot diagnose this disease from the beginning, for it would be then almost always easy to arrest its progress. But it reveals itself by such obscure symptoms, and progresses so slowly, that it may for months, and even for years,

escape the most attentive observation. Its general symptoms, in fact, are common to the majority of chronic diseases, and its local signs only become really characteristic at a period when the disease has already made great progress. Nevertheless, here is a summary of the symptoms which properly belong to it, but which, however, are not always equally evident:

Stools more frequent than in healthy children; sometimes liquid, often colorless, whitish, slimy, looking like clay mixed with water; acid odor, not only of these evacuations, but also of the breath and perspiration of the patient; insatiable hunger, but with repugnance for nourishing food, such as meat and soup; great appetite, on the contrary, for sour and farinaceous food; urine turbid, whitish, as it were mucilaginous; tumefaction of the abdomen, which is soft enough at first, but which gradually hardens, presenting, when examined, isolated tumors, or tumors in groups, varying in size, from that of a pigeon's egg to that of the fist of an adult; the abdomen finally acquires an enormous volume, in proportion to the rest of the body; gradual increase of feebleness and emaciation; lancinating pains, from time to time, in the abdomen; the child is gloomy, silent, apathetic, and weeps upon the slightest occasion. Lastly, when the disease approaches a fatal termination, hectic fever supervenes, exacerbated during the night, and accompanied by ardent thirst, wakefulness, and

anxiety. The fever remits during the day, although the pulse always preserves a certain frequency: but, in the evening, the face of the patient is very much flushed. A colliquative diarrhea exhausts the strength, and the disease terminates in marasmus and death.

TREATMENT.—*Chamomilla, sulphur, hepar sulphur, cina, china, nux vomica, bryonia, belladonna, arsenicum, pulsatilla, rhus, mercurius, magnesia carbonica, phosphorus* or *phosphori acidum, baryta carbonica, conium maculatum, sepia, petroleum*, and *iodium*, have all been recommended in the treatment of tabes mesenterica. Certainly, many of these medicines, and perhaps all, correspond to some of its symptoms, but neither of them is its specific. Tabes mesenterica is, however, one of those diseases, whose principle is sufficiently well known to be attacked in its essence even; that is to say, in such a manner that the virtues of the remedies opposed to it, should arrest its development, whatever the diversity of the accidental symptoms it produces; at least, it was with this conviction that I commenced the search for a therapeutic combination, which might be considered as its specific, in all cases; and I am happy in being now able to affirm, that I almost feel the certainty, based upon numerous facts, of having attained my object.

Whatever be the age of the patient or the intensity of the disease, I combat it with three medicines:

sarsaparilla, *aloe*,* and in the last place, *colchicum*.

I administer *sarsapar.* at the eighteenth, *aloe*, at the sixth, *colchicum*, from the twelfth to the fifteenth dilution; each two or three drops to eight ounces of water.

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* I have experimented with *sarsaparilla* and aloe upon myself and upon six other persons, for several months. *Sarsaparilla* is a precious medicine. As for *aloe*, whose pathogenesis is very poor, I do not believe that, with the exception of tabes mesenterica, in which it plays a chief part, there exist many diseases in which its employment would be useful.

These two medicines both exercise a very singular modification upon the coloration of the hair. When a child with red hair takes sarsaparilla for three months (three teaspoonfuls a day of a solution of four ounces of distilled water, with three drops of the tincture at the eighteenth), his hair absolutely changes color. From red, that it was, it becomes a light flaxen. It is to be remarked that *sarsaparilla* in such a case causes no appreciable organic trouble; the health of the child is in no way affected. *Aloe*, in stronger doses (twelve or thirteen drops of the sixth solution, to a pint of common water, four teaspoonfuls a day), *produces* and *cures* falling of the hair in adults. Upon one of the persons who lent himself to my experimentation, this phenomenon was so marked, that a lock of white hair that this person had on the top of his head, in consequence of a blow received on this part twenty years before, completely recovered its black hue, like the rest of his hair. But, in compensation, the temples were garnished with white hair, which, however, disappeared the following month. Upon the whole, hair which had remained white for a long time, became black, but there remained some white hairs here and there, where there were none before. I give these facts for what they are worth; they seemed to me strange enough to merit publication.

These three medicines are administered alternately for one week or a little more, commencing with *sarsaparilla* and finishing with *colchicum*. It is indispensable that the doses, proportioned beside to the age of the patient, should be renewed three or four times a day.

Such is the basis of the therapeutics by means of which I have obtained for several years past the most surprising results.

Perhaps this medication would not always prevent the subsequent transformations of scrofulous disease; but I can at least affirm that there exists nothing superior for the treatment of tabes mesenterica.

Phthisis peritonealis, of which some authors have made a separate disease, and different from tabes mesenterica, does not require a different treatment. It is, however, well understood, that the treatment of such contingencies as may arise is left to the sagacity of practitioners. As to the regimen, it is evidently the same as that called for in the scrofulous diathesis.

DISEASES OF THE RESPIRATORY ORGANS.

ALTHOUGH children do not suffer as seriously from the affections of the respiratory organs as from those of the abdomen, they, as well as adults, are frequently subject to their attacks. Some of these, however, such as phthisis pulmonalis, are far from being as frequent in early infancy as in adolescence, or at a more advanced period of life; but others, on the contrary, such as *croup* and *hooping-cough*, belong to an early age. We shall, therefore, dwell more upon the latter than upon the former, to which we shall devote but a few passing lines.

CORYZA.

Coryza is, in adult age, so slight an affection, that a physician is seldom called upon to prescribe for it. But it is not absolutely the same with early infancy. Independently of the coryza which makes a part of the premonitory symptoms of measles, scarlatina, and hooping-cough, there exists an idiopathic form of this disease sufficiently grave to cause death, and consequently to be worthy the attention of the practitioner.

I speak here of purulent and pseudo-membranous coryza, which, without being a very common affection, nevertheless sometimes manifests itself, principally in the new-born, or in very young children. It commences, like simple coryza, by sneezing and stoppage

of the nose, soon followed by a discharge from the nostrils of mucosities, at first ropy and clear, then yellow-greenish, and at last puriform. The child, who was in the habit of sleeping with the mouth closed, can no longer sleep without holding it open; his respiration is noisy and accompanied by a whistling in the nasal fossæ. The mucosities, by thickening and drying, aggravate the symptoms. Then the agitation, the cries, and the physiognomy of the child express the excessive discomfort he feels. When the breast is presented to him, his anxiety and suffocation are redoubled; he abandons the nipple, immediately after taking it, because breathing but by the mouth, he can no longer suck, and continually tormented by hunger without being able to satisfy it, he soon sinks exhausted with fatigue, suffering, and inanition, and perishes even before having arrived at an advanced stage of marasmus. The progress of this affection is sometimes very rapid: a child may die of coryza in three or four days; the disease is always more serious in very young children.

The formation of false membranes, which does not cause different symptoms from those I have just described, has hardly ever been discovered before the post-mortem examination.

TREATMENT.—The child, first of all, should not be in the least exposed to the cold air, or permitted to remain wet with his urine. In the second, place the mother should cease to nurse the child because the

action of sucking is very painful, increases the difficulty of respiration, and may augment the gravity of the general symptoms which accompany the inflammation of the nasal fossæ. "Beside," says M. Billard, "a child in this case, sucks so badly that the quantity of milk it takes is always insufficient for its nourishment; so that it is in danger of dying of hunger and exhaustion." One should try then to make them drink by pouring, with precaution into the mouth, teaspoonfuls of cow's milk mixed with water and meat broth. If, at length, deglutition becomes too difficult, one may be obliged to have recourse to nutritive injections, that is to say, injections composed of meat broth (without milk). The popular custom of greasing the nose with some fat substance, such as tallow, is positively advantageous. We should then have recourse to it, for according to the precept of Hippocrates, nothing is to be despised; but it is especially upon the action of medicines that we must depend. Those called for by coryza are, according to the circumstances: *aconitum*, *belladonna*, *dulcamara*, and *ipecacuanha; aconite* during the period of obstruction, especially if there is heat in the skin; *bellad.*, if there is turgescence of the face, fever and great agitation; *dulcamara* during the fluent period; *ipecac.*, if the obstruction resists *aconite* and continues after the disappearance of the fever. All these medicines should be given at repeated doses; *dulcamara* is the one which we have oftenest occasion to use.

EPISTAXIS — BLEEDING FROM THE NOSE.

Nasal hemorrhage is extremely common in childhood, but is never serious; when, however, it assumes a sort of periodicity, it deserves attention. The medicines to which we should have recourse are *arnica* and *phosphorus*. The first is given in potion or in globules, two or three days in succession, from the sixth to the twelfth dilution; *phosphorus* should only be prescribed in the case where *arnica* has failed. In very abundant and prolonged epistaxis, the two medicines should be administered alternately in the same day.

ANGINA.

We comprehend under the generic name of *angina*, the diseases that authors, and especially the physicians of the Paris school, designate by the words *amygdalitis*, *pharyngitis*, *laryngitis* and even *tracheitis*—denominations which seem to specify essentially distinct affections, but which are really applied to one and the same disease, occupying neighboring regions, and deserving sometimes even simultaneously all the names given to it, on account of its seat. I call *angina*, in a word, the erythematous inflammation of the tonsils, pharynx, larynx and of the superior part of the trachea.

As with coryza, angina is sometimes primitive, sometimes, and more frequently, secondary. It most commonly succeeds to coryza, precedes bronchitis, or

exists concurrently with these two diseases. In certain cases, however, it manifests itself alone, and even limits itself to one or another of the different parts it is susceptible of invading. Angina presents, in this last case, certain symptomatic shades naturally dependent upon the organ more especially affected; shades almost always readily appreciable. Thus the enlargement and redness of the tonsils announce *amygdalitis;* the redness of the pharynx, difficulty of deglutition, and the engorgement of the submaxillary glands, characterize pharyngitis; hoarseness, *laryngitis*, etc.

Angina, unless it assumes the serious form of which we shall hereafter speak under the name of *Membranous Angina*, or *Croup*, is rarely accompanied with much danger; I will even say that it may be considered as a slight affection, if it is purely local and not the precursory sign, or the consecutive symptom of an essential disease, such as measles, scarlatina, etc.

The most common cause of this affection is cold and dampness, and more particularly taking cold in the feet. It rarely shows itself primitively in children at the breast, and hardly begins to be common before the age of five years. A congenital predisposition, the lymphatic, or sanguine-lymphatic temperament, render it very frequent in some children, who are beside so much the more disposed to contract it as they have been before more or less frequently affected

by it. In this last case, the pharynx remains somewhat red; this permanent redness is accompanied with increased mucous secretion; the amygdalæ have more volume than in their normal state: it is *chronic angina.*

TREATMENT.— *Aconitum*, *belladonna*, *dulcamara*, *pulsatilla*, *ipecacuanha*, *baryta carbonica*, *causticum*, *copaiv. balsam.*, *hepar sulphur*, and *lycopodium*, are the medicines called for in the treatment of angina.

Aconite, administered at a medium dilution (from six to twelve), in doses frequently repeated, very often arrests angina at its commencement, when it is accompanied by a febrile action, when the weather is dry and cold, and the subject rather sanguine and nervous than lymphatic.

Belladonna suits under circumstances nearly similar, if there is great agitation and vivid redness and constriction of the throat. Its use will almost always be more efficacious if preceded by one or two doses of *aconite.*

Dulcamara frequently cures slight angina, caused by moist cold, extending without particular swelling of the tonsils to the bronchia, and threatening to degenerate into bronchitis.

When angina, more intense and not less extended, is characterized by a vivid redness of the affected parts, with obstruction of the nose, cephalalgia, burning fever without much thirst, voice hoarse or nasal, when above all, there is sympathetic irritation of the stom-

ach, which is manifested by regurgitation or vomiting of aqueous or bilious matters, *pulsatilla* is indicated.

If the swelling of the mucous membrane is such that the difficulty of breathing is very considerable; if suffocation is threatened, with excretion of caseous, white, thick, and fetid matter in the throat; if, in short, there is imminent danger of gangrene, and even a commencement of it, we must have recourse to *ipecacuanha.*

I have indicated, in the chapter on Scarlatina (see page 141), the circumstances which call for the use of *baryta carbonica.*

Copaiv. balsam., *causticum*, *hepar sulphur*, and *lycopodium* are to be tried in the treatment of chronic angina.

Copaiv. balsam. frequently succeeds, if the disease consists only in a slightly increased mucous secretion, with or without hoarseness. I have seen *causticum* and *hepar sulphur*, administered by turns, bring back the tonsils to their natural volume, although in this case I prefer to these medicines *baryta carbon.* *Lycopo.* corresponds to the hoarseness of nervous, habitually constipated persons.

CROUP.

All the mucous membranes are susceptible of becoming the seat of a peculiar inflammation, during which there takes place an exudation of plastic matter, organizing itself in pellicles, or in false membranes,

more or less dense, more or less thick, and more or less adherent to the inflamed mucous membrane, and under which this last presents, on a post-mortem examination of the body, a red, smooth surface, rarely granulous, and almost always destitute of ulcerations.

Muguet, whose history we have given (see page 229), is the most familiar type of these kinds of inflammation, to which the mucous membrane of the intestine is not less exposed than that of the mouth, as is proved by the fragments of membrane, abundantly mixed with the substance of the stools, in certain forms of enteritis.

But if the formation of the false membranes is only an accessory and comparatively unimportant phenomenon in the buccal and intestinal phlegmasia, it is quite otherwise when these morbid products develop themselves in the respiratory organs, and especially on the surface of the laryngeal mucous membrane; that is to say, the narrowest part of the windpipe. Dyspnœa, aphonia, a convulsive cough, and even death, if the disease is not arrested in time, are, in this case, consequences easily enough comprehended. Such is the nature of the croup, and such the very simple mechanism of the formidable symptoms which characterize it.

It is to be observed that the false membranous exudation is much more frequent in the digestive tube than in the respiratory organs, during early infancy; that is to say, nursing children are much more sub-

ject to attacks of muguet than to croup, which is hardly to be feared before from two to eight years.

Croup, which seems sometimes to prevail under an epidemic form, is most common during the spring and autumn, and appears concurrently with other epidemics, such as measles and hooping-cough, with which it is sometimes complicated. In this case it is seldom so violent or so rapid in its progress, as when it constitutes a primitive affection.

In this last case it is of the first importance that the physician should recognize it in time.

It unfortunately too often happens that its characteristic symptoms only appear at the period of its greatest intensity; there are, however, almost always premonitory symptoms which, according to the point the disease first attacks, are more or less obscure, or more or less manifest.

Croup, or the plastic exudation which is its dominant circumstance, sometimes begins in the throat, sometimes in the larynx, sometimes in the trachea, or even in the bronchia.

In the first case, beside the probability of the disease being limited to the pharynx, and running through all its periods without extending below the epiglottis, there is the great advantage of its being visible almost from the moment of its commencement. In examining the pharynx, traces of the false membrane are soon perceptible, first on the tonsils, then upon the neighboring parts. These false membranes

commence by yellowish-white, sometimes, but more rarely, grayish spots, which extend and assume a lichenoid or lardaceous aspect.

There is sometimes fever at this period, but not in all subjects; the strength and appetite of the patient is not sensibly diminished; he complains of a pain in the throat, but it is not severe; the thirst is moderate. Deglutition, however, soon becomes painful and difficult; saliva flows abundantly from the lips; the ganglions of the neck increase in size, and the neck becomes at last considerably swollen. This state lasts from two to six days, when the symptoms begin to amend by the fall or disappearance of the false membranes, or is suddenly aggravated by its invasion of the larynx. The disease, in this last case, presents alarming symptoms, which I shall soon describe.

When the false membranous angina begins in the larynx, the examination of the throat offers nothing abnormal. The child is first taken with hoarseness, he loses his gayety and becomes morose and depressed. The face has more color than usual and seems a little bloated; there is heat in the skin, but without thirst or great frequency of the pulse; the patient complains of pain in the larynx or indicates it by his gestures. He often puts his hand to his neck, which appears a little prominent and sensitive to the touch, especially below the os hyoides; there are, from time to time, little attacks of a hoarse cough, of which each concussion is preceded by a peculiar

whistling. Authors mention the expulsion by the cough, of fragments of the membrane; but this sign is not always present, and never occurs except at an advanced stage of the disease.

When the inflammation begins in the trachea the symptoms are very nearly the same as those I have just described, with the exception of the alteration of the voice, which does not yet exist.

Lastly, if it is developed primitively in the bronchia, there is from the beginning an intense fever, a considerable acceleration of the pulse and respiration, and a purple color of the face. The sub-crepitant râle is heard upon both sides behind, upon auscultation; then, after a variable time, comes hoarseness, aphonia, and the croupy cough.

The obstruction of the larynx constituting, in all cases, the principal fact of the disease, it is understood that its progress must be so much the more rapid as this organ is primarily affected.

The character beside, of the prevailing diseases, decides the greater or less promptitude with which the pathognomonic symptoms of croup are manifested. These sometimes only declare themselves after five or six days of premonitory symptoms; sometimes they make their appearance upon the second or even the first day of the disease.

It is commonly during the *day*, and not the *night*,* that the first attacks of suffocation occur. They are terrible to witness. The fever is very violent, the

* We know the reverse to be true. Ed. 2d edit.

voice is extinguished, the cry, properly speaking, is no longer heard, or only returns for an instant, or if it continues it is entirely changed. Its sound is only perceptible during the inspiration: it is shrill and abrupt, like the crowing of a young cock; sometimes even it is stifled and muffled. "The dyspnœa," says Jurine, "is fearful, the respiration is stertorous and the suffocation, with all its fearful agony of anxiety and suffering, threatens every moment the life of the child.

"During these moments he in vain throws his head backward, in order to lengthen the trachea and thus open a larger passage for the air; his neck swells, his pulse is feeble and intermitting, his eyes sunken in their orbits and his body covered with a cold perspiration." We will add, to complete this picture, that the child, at the instant of the attack, suddenly assumes a sitting posture; his face, purple and swollen, expresses extreme anxiety; the eyeballs, rolling to the right and left, are sometimes turned upward in convulsions. Lastly, if the attack is prolonged, the respiration becomes slower; the little patient exhausts all his strength in making a few feeble inspirations, the extremities become cold, the pulse smaller and smaller, and asphyxia impends.

Death, occasioned by croup, is exactly similar to that by strangulation. Thus we commonly find upon the bodies of children, who have died of this disease, traces of cerebral congestion or even of acute hydro-

cephalus;—dangerous complications which are manifested in the patient by a sort of sleepiness or coma in the intervals of the attacks.

Croup, however violent it be, almost always presents longer or shorter and more or less complete remissions. At the same time the hoarseness and the aphonia persist during these remissions, and the difficulty of respiration continues considerable.

It is not even very rare to see the patient, during this suspension of the most alarming symptoms, suddenly grow pale and swoon, the pulse then diminishes, the extremities become cold, and death ensues. Sometimes all this passes very rapidly. "A child," says Rosen, "was running to and fro in the apartment; his mother took him upon her knees—he died in her arms."

When, after great effort and a violent fit of coughing, the child succeeds in expectorating a quantity of false membranes, there generally succeeds a very marked, but unfortunately often an illusory remission. "The febrile action," say MM. Rilliet and Barthez, "is then diminished; the respiration is more easy, the face is more natural, the venous congestion has in part disappeared; the child returns to his play, everything seems to indicate a happy termination. But most commonly the symptoms soon re-appear in the order we have assigned them; the voice, which had become momentarily clear, is again completely extinguished; the cough is very hoarse; the laryngo-tracheal whistling approximates a veritable stertor;

the attacks of suffocation become more frequent, more intense, and arrive, at last, at their greatest height Asphyxia is threatened, the pulse is extremely small, often imperceptible; the eyes are convulsively turned upward or oscillate in their orbits; sight disappears and the body is covered with a cold perspiration. These attacks, however, are again suspended, and return with less intensity; the child exerts all his strength to breathe, makes a few difficult inspirations and dies."

When croup terminates favorably, it sometimes happens, although seldom, that the cure is suddenly effected by the expectoration of a tube of false membrane. In the majority of cases, the greater intervals between the attacks, joined to the amelioration of the general symptoms, give notice of the termination of the disease. Relapses are to be feared as long as cough remains, and the breathing and voice have not resumed their natural tone. The voice sometimes remains changed for a long time. There are examples of aphonia, in consequence of croup, which has continued for months.

Treatment.—"This dreadful disease," says Hering, "may, in the majority of cases, be easily and promptly cured by homœopathic remedies. We hardly lose a fifth of the number of those who die under the old treatment."

I consider this assertion of Hering as very true, and fully justified by facts; and nevertheless, I do not

hesitate to say, that the homœopathic medication for croup, is by no means definitely fixed: almost every practitioner has his own exclusive mode of treatment. Fortunately, all these modes are comprised within a certain number of analogous means, so that in using one instead of another, there is no danger of a capital error. It is, nevertheless, beyond a doubt, that if homœopathic physicians chose always the best of the various modes in use, the results, already so satisfactory, would become still more brilliant.

A German homœopathist, Dr. Attomyr, in a treatise upon croup, of which M. Aug. Rapou has given us an analysis, considers *bromine* as the specific, par excellence, of this disease. Attomyr founds his opinion upon this, that *bromine* is the only medicine which produces the false membrane in the larynx and trachea of the healthy; *hepar sulph.*, *spongia tost.*, and *iodium*, only produce, according to the German physician, the symptomatic phenomena which characterize the croup angina.

According to Elwest, (another German homœopathist,) the efficacy of the following treatment against croup, is more and more confirmed: *Acon.*, 1st, alternated with *iod.* or *spongia*, 1st, dissolved in a few ounces of water, and administered, at the outset, a teaspoonful every ten minutes.

Gross asserts, that in twenty-five years' practice, he had not lost a single case of croup, which was taken in time, (what did he mean by *taken in time?*) He

begins with *hepar sulphur*, from the first to the third trituration, which he follows with *acon.*, 3d; he then administers, alternately, *hepar* and *spongia tosta*.

"When the cough is hollow and whistling," says Hering, "*hepar sulphur* is always the best remedy · afterward we administer *samb. nig.*, *hyosc.*, *cina*; sometimes, also, *nux vom.*, *veratr. alb.*, *chin.*, *drosera*."

Hering recommends these medicines only during the first period of the disease. When the attacks of suffocation come on, he prescribes *tart. emetic.*, in large doses, followed by *spongia*; then an arm-bath of very warm water; then *acon.*, then *spongia*, then *hepar sulphur*, then, *arsenic*, *bellad.*, *carb. veget.*, *aconit.*, etc.; in despair, a few leeches to the trachea. I ask his pardon; but this treatment is miserable. (We say so too: Ed. 2d edit.)

Hartmann uses, during the first period, the medicines prescribed by Hering; after which, he administers, at the moment of the attack, *acon.*, *spongia*, *hepar sulph.*, *iod.*, *phos.*, *mercur.*, *rhus*, etc.

As for me, I shall give my treatment of croup in a few words: it is very simple, VERY SURE, and comprises but a limited number of medicines.

First, having never used *bromine*, I can say nothing of it.

Aconite is only indicated in croup in the rare cases of violent fever in the beginning; from the moment that the febrile symptoms diminish a little, or when

after one or two doses, it seems to produce no effect, it should be discontinued, and that finally, under penalty of losing precious time, when often the minutes are to be counted. *Aconite* is not a specific for false-membranous angina.

The good effects of *spongia marina tosta*, are incontestable; but they have been exaggerated. *Spongia* corresponds to the first period: I do not use it.

Cinnabaris covers the greater part of the symptoms of false-membranous *pharyngitis;* but its action is slow. I used it a few years since; but have since enounced it.

Hepar sulph. corresponds to the commencement of croup in the bronchia or trachea; it is powerless at the moment of the exacerbations, and beside, exerts no modifying influence upon the plastic secretion, which constitutes the real danger of croup.

Ipecac. and *bryonia*, (but given concurrently, for both would be inert alone,) are in all cases, whatever be the form of the attack or intensity of the disease, the great modifiers of croupal angina.

These medicines need not be prescribed at very low dilutions: from six to twelve will suffice.

The two solutions prepared, they should be administered alternately, a teaspoonful every two hours, during the period of invasion; every ten minutes during the exacerbations, and at intervals gradually increased, when these are passed.

It may be necessary, in place of these solutions, to substitute globules, which may be easily introduced into the mouth of the child when deglutition has become impossible.

It would take me too long to explain here, by what course of experience I have come to adopt, exclusively, this combination of bryonia and ipecacuanha, in the treatment of croup ; but practitioners who will venture to use it upon my testimony, will acknowledge that it is good. If, however, they would avoid reverses, they should be careful not to confound croup with the disease of which I am about to speak.

ASTHMA OF MILLAR.

This disease, first clearly described by Millar, and to which he gave his name, differs essentially from croup; with which, nevertheless, it presents such symptomatic relations, as to cause them to be sometimes confounded.

The asthma of Millar, the *spasmodic* or *stridulus laryngitis* of some authors, is only, properly speaking, the suffocating asthma of adults, aggravated in children by the narrowness of the trachea, and especially of the larynx. In a word, the asthma of Millar, instead of being, like croup, a special inflammation, is only a nervous affection.

It is, beside, easily understood, that the general symptoms of this nervous disease, are very similar to those of croup, since, in both cases, the symptoms

have the same cause—suffocation. But that which constitutes the symptomatic difference in the two affections, is the almost complete absence, in asthma, of the premonitory symptoms of croup, and so entire a suspension of all the symptoms during the intervals of the attacks, that the little patient often enjoys, during these periods, the most peaceful sleep.

"The distinction between these two morbid states," says M. Rapou, "is very easily established when one discards all ideas of systems, and is satisfied with observing. Thus, croup is more common in healthy and well-nourished children; asthma, in feeble, delicate, nervous and excitable subjects; in those disposed to scrofula, or who have badly-formed chests. Croup gradually increases in intensity; it is generally epidemic and accompanied with fever. Asthma is sudden in its attacks, is always sporadic, and unaccompanied by fever. In croup, there is a dry cough, a characteristic tone of voice, not presented by spasmodic dyspnœa; and this latter is also without the sensibility of the larynx. Croup offers all the general characteristics of inflammatory affections, and the asthma of Millar but the phenomena of nervous excitability.

The following are the differential signs of the croup and asthma of children, arranged in tabular form, as presented by Millar himself:

ASTHMA.	CROUP.
1st. Its attacks are sudden, and the first attack occurs generally in the night.	1st. It comes on slowly and gradually: the first attack commonly occurs during the day.
2d. It is always sporadic.	2d. It generally prevails epidemically, and is seldom sporadic.
3d. The cough, when it exists, is dry, and without any expectoration.	3d. Layers of puriform matter, or cylindrical concretions, are expelled by the cough and vomiting.
4th. There is no pain; this is replaced by a constriction of the whole thoracic cavity.	4th. There is pain in the air passage, and we discover, by the touch, a slight tumefaction, on a level with the painful spot. The tumefaction is not perceptible to the sight.
5th. The voice is hoarse and hollow.	5th. The voice has a very peculiar whistling tone.
6th. There is no fever.	6th. There is fever.
7th. The attacks alternate with intermissions, during which the child has the appearance of perfect health.	7th. The symptoms continue, without interruption, so that there are no perceptible intermissions.
8th. The disease is of a convulsive nature, and requires an antispasmodic treatment.	8th. The disease is of an inflammatory nature, and calls for an antiphlogistic treatment.

To tell the truth, I am obliged to declare, that the line of demarcation between the symptoms of croup

and asthma, is not so well defined as M. Rapou and Millar seem to consider it; and I would not venture to assert, with our estimable colleague of Lyons, that "the distinction between these two morbid states is *very easily* established." Croup, as we have seen, is often without premonitory symptoms, almost apyretic, and presents marked remissions. As to the other contrasting symptoms, several of them are sometimes wanting—almost all are inconstant. It would then require great experience, tact, and circumspection—I may almost say, good luck—to avoid, in badly-defined cases, mistaking one for the other of these two diseases. As a general rule, however, a good observer will succeed in doing so.

The asthma of Millar is, like croup, a very serious disease, but one over which we are certain to triumph, by means of the treatment I shall point out.

Coralia rubra and *opium*, administered in exactly the same manner as *bryonia* and *ipecac.* in croup, are heroic agents against this disease.

I prescribe *coralia* at the thirtieth, and *opium* at the third dilution. The last is given alone, every six hours, for a day or two after the resolution of the last attack.

BRONCHITIS.

The majority of children are very subject to irritation of the bronchia; but this irritation is commonly but a sympathetic symptom of another affection. Thus, we see dentition, or the presence of worms in the alimentary canal, occasion cough. This cough, in the first case (dentition), yields to *kreosotum;* in the second, to *viola odor.*, or to *stannum.*

As to *primitive bronchitis*, almost always caused by a chill, it presents the same general symptoms as erythematous angina, and requires the same treatment.

This disease only becomes really serious when it attains a high degree of intensity. There is then an intense fever, a burning skin, great thirst and no appetite. The cough recurs frequently, in short fits; sometimes, but not always, followed by a slight whistling; after a few days there is a yellowish expectoration, difficult to verify, in very young children. We perceive by auscultation a mixture of the sonorous and mucous, and sometimes a subcrepitant ronchus. There is considerable oppression, frequent pulse, pale or purple face after the cough: pneumonia is then to be feared. But even without this complication, bronchitis, in this degree of intensity, is dangerous, and may become mortal.

TREATMENT.—The medicines upon which we may most safely rely in the treatment of acute bronchitis

are *dulcamara* and *pulsatilla*, preceded, if necessary, by *aconitum*, and followed by *ipecac.* and *hepar sulph. Silicea* is recommended in chronic bronchitis.

PNEUMONIA.

Pneumonia, or inflammation of the parenchyma of the lungs, is seldom a primitive affection in childhood; but it often supervenes as a complication, either in typhoid fever, eruptive fever, or finally in hooping-cough, of which we shall soon speak. Its general symptoms are the same as those of very acute bronchitis; it is not always easy to distinguish between these two diseases. The continual crying and moaning of children often render the signs furnished by auscultation very obscure; beside, the rusty-colored expectoration, which, in adults, constitutes one of the distinctive features of pneumonia, almost never takes place in children. We know that very young children never expectorate by the mouth, and it is consequently impossible to draw any inductions from the nature or consistency of their pulmonary secretions.

When, however, one can succeed in obtaining a few moments of calm and silence in these little patients, auscultation, and above all, percussion, are the best, or, perhaps, rather the only means of establishing the different diagnosis of bronchitis and pneumonia. In the latter, the crepitant ronchus is distinctly mixed with the sibilant and mucous, the respiratory murmur ceases to be perceptible in divers

points in the thorax, especially behind, where it is sometimes replaced by the bronchial respiration. By percussion we discover the hepatized portions of the lungs by the dullness of the sound.

In an immense majority of cases, pneumonia succeeds to bronchitis, and the existence of the two diseases are simultaneous.

Both, fortunately, require very nearly the same treatment. However, if the engorgement of the pulmonary parenchyma is clearly defined, we run great risk of an unfortunate termination, if we do not hasten to employ the special therapeutics called for in pneumonia.

Dr. Tessier, who has just published the result of a clinical experience of great interest, upon the treatment of this disease,* combats it principally with aconite, bryonia, phosphorus, sulphur, belladonna, arsenic and iodium.

Certainly these various substances correspond to the different symptoms of pneumonia; but neither of them contains them in their totality. I would then earnestly recommend M. Tessier to substitute for his therapeutics, which is also that of the majority of homœopathists, the medicines I am about to make known, and whose prompt efficacy will surprise him if he consents to make trial of them.

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* Recherches Cliniques sur le Traitement de la Pneumonia et du Choléra, suivant la Méthode de Hahnemann; par le Doct. J. P. Tessier, Médecin de l'Hôpital Sainte-Marguerite, in 8vo., Paris, 1850.

The first of these medicines is *chelidonium majus;* it alone replaces *aconite*, *belladonna* and *phosphor.*

Chelidon. maj. should be administered from the first, whatever be the intensity of the symptoms, but only for a few hours, and in doses repeated at very short intervals. Seven or eight globules of *chelidonium*, of the sixth dilution, may be dissolved in four ounces of vehicle, of which the patient may take a teaspoonful every quarter of an hour, but for one hour or an hour and a half only. This done, we shall, in an immense majority of cases, observe a marked, sometimes an astonishing, remission of all the local as well as the general symptoms. This remission once obtained, we should discontinue *chelidonium*, and administer alternately, every two hours, *pulsatilla* and *spongia marina tosta—pulsatilla*, from the sixth to the twelfth; *spongia*, from the twenty-fourth to the thirtieth. These two medicines, whose use should be continued until the resolution of the disease, should be given at lengthening intervals, as the amelioration is more apparent; and this, I venture to predict, will not be long delayed, excepting in cases of unusual complications. (This treatment has been found very efficacious. Ed. 2d edit.)

PLEURISY.

Primitive inflammation of the pleura is so rare in the first years of life, that it cannot be considered as a disease of childhood. I shall not, therefore, stop to describe its symptoms, which are beside the same in children as in adults. *Spong. marin. tost.* and *kuche*

sis, both at the thirtieth dilution, are the medicines which control the therapeutics of pleurisy. I should not know how to recommend too earnestly the employment of these two substances. They should be administered simultaneously; *spongia* once in the morning; *lachesis* once in the middle of the day and once in the evening. We may remark, by the way, that this treatment, which is also that of peritonitis, seems adapted to inflammation of all the serous membranes, with or without effusion.

HOOPING-COUGH.

Hooping-cough is a disease incontestably essential, contagious, epidemic, commonly apyretic, and is characterized by a convulsive cough, recurring in paroxysms at irregular intervals. This cough consists in a series of abrupt and very short expirations, followed by a long whistling and sonorous inspiration; it is accompanied by a considerable congestion of the face, and terminates by the expectoration of a ropy mucosity. Very frequently, especially after eating, these fits of coughing produce nausea and even vomiting; but these are epiphenomena, which are by no means characteristic, and which may occur in all violent irritations of the bronchia, and whenever there exists much dyspnœa, whatever be its cause.

Hooping-cough is an affection peculiar to childhood, and especially frequent from the second to the sixth year. Statistics seem to prove that girls are more

subject to it than boys. Like all other epidemics, it passes from one country to another—braves all climates, and shows itself in all seasons of the year. However, it is especially in the spring and autumn, that is to say, in the most humid months in the year, that the epidemics of hooping-cough habitually appear.

This disease, however unimportant it may be in itself, when not complicated, is nevertheless one of those which most clearly show the inadequacy, or rather the complete impotence of the allopathic routine: which never abridged one week the duration of this disease.

Hooping-cough sometimes commences by a catarrhal state (coryza, watering of the eyes, bronchitis, etc.), which continues, according to the idiosyncrasy of the patient and the kind of epidemic prevailing from twenty-four hours to six days and more, some times by spasmodic fits of coughing at the outset. Symptoms of simple bronchitis mark the decline of the disease. Hence the three periods of the disease, pointed out by authors. But of these three periods the second only is characteristic, as the first may be wanting, and the two others are often confounded.

The old school physicians are as far from being agreed upon the duration of each of these periods, as upon the total duration of the disease, or upon the treatment best adapted to it. What is certain is, that hooping-cough, left to itself, or treated by

Allopathy, which comes to about the same thing (with the exception of symptoms caused by antiphlogistics), lasts always from three to four months and often longer.

If the coughing-fits in this disease vary but little in form, it is not the same with regard to their number in a given time. Laughing, eating, drinking, or walking—every species of movement—odors, mental emotions, reproduce them the more readily in proportion as the disease is near its height. "We have seen them broken or cut in two," say MM. Rilliet and Barthez, "in such a manner, that a complete fit was formed by the two half-fits, separated by a very short interval, during which the respiration was natural. This form must be rare, as I have only met with it once."

Lastly, in very young subjects, the coughing-fits often provoke convulsions, in consequence of which, or during which, infants sometimes die with cerebral congestion; but these accidents are fortunately rare.

Spasms of the glottis, pneumonia, and lastly, tuberculation of the lungs, are, with the convulsions of which I have just spoken, the most frequent complications of hooping-cough.

As to bronchitis, we may consider it, as it were, inherent in the disease; it marks its beginning and its termination. It is not always easy to distinguish bronchitis from hooping-cough; however, the spasmodic form of the cough, the whistling sound which accompanies the inspirations, the ropy expectoration,

the ordinary absence of fever, lastly, the freedom and the preservation of the normal rhythm of the respiration in the intervals of the cough, sufficiently characterize the latter to prevent the attentive observer from falling into error.

Treatment. — *Ipecac.*, *dulcam.*, *bellad.*, *cuprum*, *drosera*, *ambra*, *arnica*, etc., have been recommended for hooping-cough. Now, with the exception, perhaps, of *belladonna* and *drosera*, whose pathogenesis one may consult at need, none of these medicines have a direct influence upon this disease. But there are in our materia medica two substances which control the therapeutics of hooping-cough. I speak of *coralia rubra* and of *chelidonium majus*. I have already mentioned *chelidonium maj.* as the specific for pneumonia, at the height of its acute period. Experience has convinced me that it will find its place, though in the second rank, in the treatment of hooping-cough.

From the moment that the coughing-fits have assumed the convulsive form, and even before that time, that is to say, during the catarrhal period; as soon, in a word, as one is sure of having to deal with a hooping-cough instead of simple bronchitis, we should immediately prescribe *coralia rubra* of the thirtieth dilution, for three or four days in succession, four doses in the twenty-four hours. "*It is like water thrown upon fire*," said one of my patients to me, one day, after I had given him this medicine for attacks of a

convulsive cough which had passed into a chronic state.

As soon as the amelioration produced by *coralia* ceases, that is to say, at the end of four or five days at the most, it should be discontinued, and *chelidonium majus* administered, of the sixth dilution, three doses in twenty-four hours, and continued, unless there is a renewal of the violent spasmodic coughing-fits, or convulsions in little children, or spasms of the glottis (all of which circumstances would call for a return to *coralia*), until the evident transformation of hooping-cough into simple bronchitis.

At this period of the disease, neither *coralia* nor *chelid.* should be employed, but *pulsatilla.*

Lastly, if we add to these three medicines, *causticum*, in the decline of the disease, when there remains only a dry cough; then *lachesis*, if with the bronchial cough there is extreme depression, which sometimes happens, we shall have completed, apart from absolutely unforeseen accidents, the therapeutics of hooping-cough.

PHTHISIS PULMONALIS—PULMONARY CONSUMPTION.

Phthisis pulmonalis, so common and so much to be dreaded during adolescence and in adult age, cannot be classed among the diseases of children. We see, it is true, especially after measles, variola, typhoid fever, etc., children die of marasmus, following

abscesses formed in the lungs; but these abscesses do not proceed, like those of consumptives, from the softening of tubercles. Their seat is the base or the middle lobe of the pulmonary parenchyma, and hardly ever the superior lobe, the most frequent location of tubercles. They are, in a word, the immediate consequences, and without necessary preliminary tuberculation of an active or congestive inflammation of the respiratory organs. *Chelidonium*, *phosphorus*, and *carbo vegetabilis*, are the appropriate remedies for these symptoms.

But if children rarely die of phthisis pulmonalis, it is not the less certain that it is from childhood that this terrible disease silently prepares itself. Unfortunately the process of pulmonary tuberculation is affected in so slow, so hidden, so completely latent a manner, that it is hardly ever possible to affirm its existence until it has burst out in very often incurable symptoms. The following are the most common signs of this morbid condition:

Narrowness of the chest, paleness of the face, with slight coloration of the cheeks, general emaciation, frequency of the pulse and of the respiratory motion, dry cough, oppression, great disposition to bronchitis, perspiration upon the least exercise and at night; obscurity of the respiratory murmur and more or less marked dullness on percussion of one of the two sides of the thorax, especially at the summit of the lungs; vaginal discharge in little girls, habitual constipation

or frequent return of slight diarrhea, irritable and capricious humor.

A good regimen, gymnastics in the open air, daily cold bathing; and if there are times of a marked exaggeration of this state: *chelidon.*, *carbo. veget.*, *lycopod.*, etc., administered with great reserve and according to the totality of the dominant symptoms, are the principal hygienic and therapeutic means to combat an unfortunate diathesis, which, when hereditary is but too often rebellious to the most skillful treatment.

DISEASES OF THE CIRCULATORY APPARATUS.

As fever in an immense majority of cases can only be considered a secondary, and symptomatic phenomenon of an affection, more or less appreciable, but primitively independent of the vascular system, there are properly speaking no other diseases of the circulatory apparatus than *arteritis*, *phlebitis*, *endocarditis* and vicious conformations of the heart, or of the principal vessels. Arteritis, phlebitis and endocarditis, are almost unknown in childhood. Vices of conformation, such as non-obliteration of the *foramen ovale* in children newly-born, or aneurism, either of the heart, aorta, or of the large branches of this artery, are diseases against which art is often only too evi dently powerless.

With regard to aneurisms, I give here what I find in the notes prepared by myself, and for my particular use, some years since: "*Castoreum*, *rhus* and *sambucus*, are the best remedies for the treatment of aneurisms. But these diseases being always essentially chronic, require great caution in the use of medicines. *Castor.* should be prescribed, in the commencement, of the ninth or tenth dilution, a few globules in a glass of water, a teaspoonful morning and evening. Then after an interval of two or three days, *rhus toxic.* may be administered in the same manner, and lastly *sambuc.*, which will allay the sometimes very acute pain, occasioned by aneurism. The regimen required in these diseases is very severe; absolute abstinence from wine and all fermented drinks is indispensable.

As for the inflammatory fever, the constant precursor of all the phlegmasias, everybody knows that *aconite*, our antiphlogistic par excellence, is the sovereign remedy.

DISEASES OF THE CEREBRO-SPINAL APPARATUS.

It is well known that the relative predominance of the encephalic mass in children singularly predisposes them to cerebral affections. However, these affections are much more rarely primitive than is generally believed. *Encephalitis*, that is to say, inflammation and softening of the brain, properly speaking, is undoubtedly less frequent in childhood than at any other time of life. As to *meningitis*, it is the greater part of the time a secondary symptom; in other words, the sympathetic complication of a disease, whose principal seat is not in the membranes. Nevertheless, in certain cases, they are first affected, and of all the primitive affections of the cerebro-spinal apparatus, we may consider it as the one with which children are most frequently attacked. It is beside almost impossible to distinguish it from encephalitis, and it is very frequently only by a post-mortem examination, that we discover whether death has been caused by an inflammation of the cerebral pulp, or by an inflammation of its envelopes. I shall then describe, under the generic name of *cerebral fever*, which does not prejudge as to the anatomical seat of the disease, the totality of the symptoms common to *encephalitis* and *meningitis;* a so much the more legitimate mode of proceeding as the two affections, the greater part of

the time simultaneous and confounded, do not require an essentially different treatment.

CEREBRAL FEVER.

Cerebral fever commences with considerable disturbance of the circulation, violent headache, frequent bilious vomitings, thirst, absolute loss of appetite, generally constipation. From the first day a profound alteration takes place in the expression of the face and in the intelligence, alternations of drowsiness and uncontrollable agitation, coma and very acute delirium. The disease generally progresses with great rapidity. The violence of the symptoms increases with the progress of the disease. There may, however, occur remissions of the febrile action; but the pulse remains irregular. The respiration is sometimes accelerated, and sometimes retarded. The face is distorted, extremely pale, or with a purple color in the cheeks. The abdomen is retracted, constipation is permanent; there is carpologia, subsultus tendinum, rigidity of the trunk, of the jaws or of the limbs; strabismus, dilatation of the pupils; lastly, sensibility becomes obtuse, the pulse increases in frequency, becomes imperceptible, and coma, or a last paroxysm of convulsions terminates the scene, after a total duration of thirty-six hours at the least, or nine days at the most.

The absence of intense cephalalgia, vomitings, constipation and the retraction of the abdomen, distin-

guishes secondary meningitis from idiopathic meningitis. The former, when it supervenes in the course of a febrile disease, presents no remission of symptoms and continues until the death of the patient, if art does not succeed in preventing the catastrophe.

The causes of cerebral fever are not always apparent; it has been known to prevail epidemically. It is said that onanism predisposes to it, which is at least probable. Many times, in short, as I have already said, apropos of erythema (see page 116), it has been brought on by insolation.

But the most frequent cause of cerebral fever is, without doubt, the presence of tubercles in the brain, or in the membranes. The disease, in this last case, is incurable.

Tuberculous meningitis, (the *acute hydrocephalus* of authors,) is slightly distinguished in its symptoms from simple meningitis.

It commonly begins at a time of apparently perfect health, by cephalalgia, vomiting, constipation, and a slight acceleration of the pulse, much more rarely by agitation and delirium. The turns of vomiting are not very numerous, and rarely last beyond two or three days. In rare cases, however, they may continue for several weeks. The constipation persists, the pulse becomes slower and irregular. The child is sad, depressed, and occasionally grinds his teeth; his look, which shuns the light, is uncertain, and as though astonished, sometimes fixed, and this

appearance of the face contrasts in a remarkable manner with the clearness of intelligence, which almost always remains intact.

Delirium finally comes on, but it is rather tranquil than agitated; drowsiness and coma predominate, and become permanent as death approaches. The pulse is then small and quick; the skin warm, often covered with perspiration; the respiration is irregular; the eyes sunken, the sight extinguished, the cornea dull; the nose pointed, and the abdomen so depressed that we can feel the beating of the aorta through its parietes; the urine and stools pass involuntarily: the patient generally dies in an attack of convulsions.

This species of meningitis is very insidious. In its beginning, especially, it is liable to be mistaken for a slight affection; it is very different, in this respect, from cerebral fever, so clearly inflammatory, and the violence of whose first symptoms reveals the serious nature of the disease. The progress of tuberculous meningitis is also less rapid than that of simple meningitis. The first never lasts less than seven days, and is sometimes prolonged to fifteen, twenty, and even forty days.

The existence in the patient of the tuberculous diathesis, the persistence of constipation, the severity of the cephalalgia, the slowness of the pulse shortly after the commencement, lastly, the retraction of the abdomen—such are the signs which distinguish tuberculous

meningitis from typhoid fever, with which it has been sometimes confounded.

Treatment.—Cerebral fever calls for prompt and energetic means. Two medicines control its therapeutics: they are *belladonna* and *bryonia*. We may even assert, that these two medicines are the only ones upon which we can depend.

Belladonna is administered from the beginning, at from the twelfth to the fifteenth dilution, in solution, of which the patient should take a teaspoonful every two or three hours, according to the violence of the delirium. From the second day, *bryonia* may be given with it, at from the 6th to the 12th. Two doses of *belladonna*, given in the morning, two doses of *bryonia* in the evening, and a single dose of *belladonna* in the night.

This treatment will almost always succeed in simple meningitis.*

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* We would earnestly recommend to practitioners, in the meningitis of children, of from six to eighteen months, the treatment adopted by Dr. J. H. Pulte. As soon as the first symptoms of oppression, drowsiness, and sleep with half-opened eyes, announces an impending effusion, he prescribes *bryonia* and *helleborus nig.*, in alternation. Of the third dilution of each of these remedies, he dissolves ten or twelve globules in half a teacupful of water, and gives a teaspoonful alternately from the solutions every two hours. As the symptoms improve, which they are generally observed to do, within the first twenty-four or thirty-six hours, the frequency of the doses is diminished, and the solutions are made weaker, by the addition of a larger quantity of water to each preparation.]—Ed.

As to cold ablutions upon the head, sinapisms upon the legs, etc., etc., we make no use of them. We do not prescribe them, not because they belong to the allopathic methods, but because they are, at the least, useless, if not dangerous.

SPINAL MENINGITIS.

Primitive inflammation of the membranes of the spinal cord, is certainly a very uncommon disease, in the first as well as in the second period of childhood. Convulsions, and especially tetanic rigidity of the trunk, are almost the only symptoms which characterize it; and, as these symptoms may exist without organic lesions, it follows that the diagnosis of spinal meningitis is always very obscure.

The most that we can say is, that the febrile action which accompanies it, and the persistence of the nervous attacks which it produces are of such a nature as to distinguish meningitis from an essential or sympathetic nervous affection.

TREATMENT.—*Belladonna*, from the 12th to the 15th, in water, a teaspoonful every hour during the first day.

Belladonna and *thuja*, taken alternately, from the second day, lengthening the intervals between the doses as the symptoms improve.

MYELITIS — INFLAMMATION OF THE SPINAL MARROW.

Myelitis is, perhaps, still more rare in childhood than spinal meningitis: its symptoms are, paralysis of the abdominal extremities; and convulsions, when as almost always happens, it is complicated with meningitis.

The treatment of this disease is the same as of the preceding.

HYDROCEPHALUS. (CHRONIC.)

By *hydrocephalus* is understood an accumulation of water on the brain, with a more or less considerable separation of the bones of the cranium. This disease is sometimes congenital — is sometimes developed several months, and even several years after birth. The children attacked with it, seldom present any other morbid symptom than the abnormal, and, in certain cases, enormous volume of their heads. The disproportion of this part to the face and the rest of the body, gives to the young patients a strange aspect. Some of these children are remarkable for mental precocity; but, after a certain time, their sensitive and intellectual faculties simultaneously decline. This alteration of the cerebral functions, is first observed in the senses of hearing and sight. The patient may become completely blind and

deaf, before any other symptoms give notice of the progress of the disease. Soon, however, paralysis of motion, and of sensibility in various parts of the body, are added to these symptoms. At last, the patient takes to his bed; a febrile action sets in; somnolence, coma, convulsions, or attacks of tetanus, and death succeed. The duration of this disease is extremely variable.

Hydrocephalus is not an incurable disease; the curative force of nature alone has been sufficient to restore to health children affected with this malady, some of whom afterward became distinguished men.*

TREATMENT. — It requires time and perseverance. *Staphysagria*, *ferrum chlor.*, and *camphora*, are the medicines upon which we must depend.

The first two medicines may be administered simultaneously for two weeks, two doses of *staphysag.*, from the twelfth to the fifteenth dilution, in the morning, and a single dose of *fer. chlor.*, from the 6th to the 9th, in the evening.

Camphora, at a medium dilution, should succeed these two medicines, and be continued, at three doses a day, for several weeks.

In case the disease should take an acute form, the treatment for meningitis should be adopted.

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* George Cuvier had hydrocephalus in his childhood.

Arnica may be given intercurrently, in the treatment of hydrocephalus; but the three medicines I have indicated are infinitely preferable.

CONVULSIONS

Convulsions and worms formerly constituted the pathology of children; but we now know, that convulsions, far from always being a separate affection, are only, in an immense majority of cases, a symptom, or a complication, of another disease; so that an efficacious treatment of the latter is the only way of removing the former. Thus, we see convulsions result: 1st. From difficult dentition; 2d. From lumbrici in the small intestine, or ascarides in the rectum; 3d. From severe hooping-cough. We have seen them, in short, show themselves in eruptive and in typhoid fevers, as a first symptom in meningitis, and terminating the majority of mortal maladies. Convulsions do not in any case call for a special treatment; the only one adapted to them is that of the disease which produces them.

There exist, however, essential convulsions: epilepsy is of this nature, when it is not occasioned by an organic lesion. It is very important to distinguish essential from symptomatic convulsions, but it is not always easily done. The age and general health of the subject, are the first circumstances to be taken into account. 1st. Symptomatic convulsions, excepting the cases of very marked cerebral affections, are

rare after seven years; 2d. The disease upon which they depend, is more or less evident. Consequently, when a child over seven years, and, to all appearance, in perfect health, is attacked with convulsions, without appreciable cause, we have every reason to believe that it is a first attack of epilepsy. But if, on the contrary, we learn that for several weeks, or even for several months, the child has been losing color, flesh, and strength; that it has had a capricious appetite, irregularities in digestion, and occasional vomitings; if we know at the same time that it is born of phthisical parents, the prognosis is serious, for nothing is more probable than the existence of a tuberculous meningitis.

Sympathetic convulsions are always a highly unfavorable complication; they may cause death by asphyxia. As for epilepsy, everybody knows what a legitimate terror it inspires; but it is far from being always incurable, especially when it is not hereditary.

TREATMENT.—I have pointed out the cases in which convulsions should be combated by *kreosotum*, (see page 243,) by *coralia rubra*, (see page 323,) by *stannum*, (see page 285).

When convulsions in nursing children appear to be idiopathic, the only medicine to oppose to them is *helleborus niger*, from the ninth to the twelfth dilution, at small and repeated doses. (Prefer 2d dilut Ed. 2d edit.)

When, lastly, we have to combat a declared epilepsy, that is to say, idiopathic convulsions, and in a chronic state, our principal agents are *belladonna*, *opium*, and *secale cornutum*. *Opium* and *belladonna* should be given first, for an entire month,—*opium* twice in the morning, *belladonna* twice in the evening; the second month, *opium* and *secale cornutum;* the last, replacing *belladonna*. The result of this treatment will astonish those who employ it.

CHOREA — ST. VITUS'S DANCE.

Chorea, or St. Vitus's dance, is rather a disease of youth than of infancy; I shall not describe it here, but I recommend to practitioners the use of *coffea* and *colchic.*, in the treatment of this disease, whether acute or chronic; to be followed by *cocculus*. In a chronic chorea, for example, *coffea* should be taken in the morning, and *colchic.* in the evening, for one or two weeks; after which, *coccul.* should be administered, morning and evening.

BALBUTIES — STAMMERING.

This infirmity, almost always congenital, and often hereditary, proceeds from a fault of innervation, for the cure of which, Allopathy has found nothing better than various surgical operations, whose stupid barbarity and continual failures have scarcely yet disabused the credulous. The proof that it is a functional aber-

ration of the brain which produces stammering, is, that all moral emotions, that is to say, actions purely cerebral, instantly increase the infirmity of which we speak. For myself, I venture to affirm that stammerers can be cured, provided the treatment is applied in infancy, or at least before the age of puberty. The use of a single medicine, *stramonium*, constitutes the whole treatment. It should be administered at the ninth dynamisation, eight or ten globules to four ounces of water, a preparation that may be renewed as often as necessary, and of which the patient should take three teaspoonfuls a day for six or seven weeks at least.

DISEASES OF THE ORGANS OF SENSE

As these diseases offer nothing which is peculiar to childhood, I shall say very little concerning them.

Ophthalmia and otitis are frequent complications of variola and measles, their treatment is then that of these diseases.

Simple ophthalmia of the new-born (redness of the conjunctiva, photophobia, then agglutination of the lids), quickly give way to a few doses of *æthusa*. *Camphora* or *coffea* are the specifics for ophthalmia, caused by a contusion of the globe of the eye. These two medicines are, in this case, preferable to *arnica*, which is generally used.

Kreosotum, in doses repeated at short intervals, should be given to the new-born, attacked with syphilitic ophthalmia.

Otitis is an inflammation of the auditory canal. It is sometimes very painful. Belladonna is the principal medicine for the acute period. *Lycopodium* is a precious remedy against chronic otitis, with purulent discharge; sepia would, however, be preferable, if there was a relaxation of the bowels.

DISEASES OF THE LOCOMOTIVE APPARATUS.

As it is not my intention to treat of vices of conformation and external lesions, which require surgical operations, I shall here speak only of hernia and rachitis.

Hernia is most commonly caused by the efforts made by children in crying. A simple band generally suffices for the cure of umbilical hernia, but inguinal hernia, in little boys, requires internal remedies. *Nux. vom.*, and if this medicine fails, *coccul.*, are the substances to be prescribed. The same treatment is adapted to the *falling of the rectum.*

Rachitis, an affection very common in childhood, is undoubtedly a form of scrofula, and presents all the general characteristics we have assigned to that disease. (See pages 207 and following.)

The predominant symptom in rachitis, is the softening, and consequent deformity of the bone. The spongy bones, such as the vertebræ and the articular extremities of the long bones, are more particularly the seat of this morbid action. Hence, the impossibility of walking, and the curvatures of the spine of rachitic children.

When the disease has made great progress, the bones may ulcerate, and if this caries takes place in

the vertebra of the cervical or dorsal regions, the pus that is formed makes for itself a passage along the vertebral column, and forms an abscess in the soft parts of the pelvis, an abscess which finally opens and does not close again. (*Cold abscess* of authors.)

The causes of rachitis are those of scrofula in general: the most common of all is hereditary transmission.

Rosen devotes a long chapter of his *Traité des Maladies des Enfants*, to prove that rachitis is of syphilitic nature. For my part, I have already expressed my doubts upon this transformation of the venereal disease. I have also pointed out, in the chapter on Scrofula, the regimen to which scrofulous children should be rigorously subjected, whatever be the special form of the affection.

Mercur. solub., *colchic.* and *sulphur*, are the fundamental remedies for the treatment of rachitis. The doses should be frequently repeated (several times a day), each in the order in which I have mentioned them, for a longer or shorter time, according to the circumstances of the case. Their efficacy is notorious, and with their aid I do not regard rachitis as incurable.

THE END.

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