

## CHAPTER IV.

### DISEASES OF THE CHEST AND RESPIRATORY ORGANS.

#### INFLAMMATION OF THE RESPIRATORY PASSAGES.

THE inflammation may be confined to the nostrils, or to the larynx, trachea or windpipe, or to the bronchia or small air passages throughout the lungs; or it may commence in one part and travel to other parts, and perhaps abate where it first commenced; or it may involve all of the air passages at the same time. It may be either acute or chronic.

#### COLD IN THE HEAD (CORYZA).

This is a very common and annoying disease. A cold in the head may involve simply the nostrils, or it may extend to one or more of the neighboring sinuses or bony cavities existing over the eyes and in the bones of the upper jaw. Sometimes it is confined to one nostril. It is caused by the partial application of cold as to the back of the head, neck, or feet, and by sudden changes of weather. Some persons are much more liable to this affection than others, and the disease is often epidemic, being a very general attendant on influenza and the first stage of measles.

*Symptoms.*—The first symptoms are dryness, fullness and tickling in the nostrils, with sneezing, which are soon followed by a profuse thin watery transparent discharge, which often causes irritation of the external surface of the nostrils and the upper lip. The nostrils are sometimes closed by the swelling of the mucous membrane, and there may be heat and burning in these passages, also either a dull aching, or a stinging pain. The eyes often become red and watery from the extension of the inflammation. If the

disease extends to the sinuses, or cavities over the eyes and in the upper jaw, there is a dull pain in the forehead and cheek-bones, on one or both sides, with burning and heat. The sense of smell is often impaired for the time being, and there is frequently more or less deafness. If the local inflammation is not severe, or extensive, there may be little or no fever, but in severe cases there is chilliness, pains in the head, back, and limbs, with a high fever, furred tongue, and loss of appetite. This disease usually attains its height in three or four days when left to itself, after which the symptoms abate, the secretion becomes thicker, opaque, less acrid and less copious; sometimes it becomes bloody, greenish, or even deep yellow. Sometimes for a week or two the patient constantly feels that he is getting more cold; in such cases the disease retains its acute character, and the discharge remains watery until this symptom abates. In some cases the nostrils remain dry and swollen, without any watery discharge, until thick opaque matter makes its appearance.

In the case of very young children, the stoppage of the nostrils causes difficulty of nursing, as the child cannot breathe except when he lets go of the nipple; without attention on the part of the mother, he may become black in the face, and have convulsions from obstructed respiration. The child may become discouraged in his attempts to nurse, and suffer for the want of nourishment, if he is not fed.

*Treatment.*—At the very commencement of the disease when there is dryness, swelling of the mucous membrane, and sneezing, give a dose of *Nux vom.* once in two hours.

*Aconite:* If *Nux vom.* fails to relieve, and there commences a profuse watery discharge with heat and burning, aching in the bones of the face, chills and fever, dissolve six pellets, or one drop of the tincture of *Aconite* in a tumblerful of water, stir it well, and let the patient, if an adult, drink the whole of it, and if at night, let him go to bed, cover himself up warm, and get into a free perspiration. If the first dose is given during the day, it can be repeated at night. This remedy when thus given, will rarely fail to lessen the severity of the disease. A child may take one fourth of the quantity directed above; if a very young child, give but a teaspoonful.

*Arsenicum*: Give a dose of this remedy once in two hours, when there is a thin watery discharge which *Aconite* fails to relieve, if there are burning heat, but little thirst, and an aggravation of the symptoms in the morning, and especially if they are palliated or relieved by warmth. Continue the remedy for at least twenty-four hours.

*Mercurius viv.* may be given instead of *Arsenicum*, if the symptoms are aggravated by warmth instead of being relieved by it; and also if there are great thirst, pains in the limbs, sore throat, copious watery discharge from the nostrils, and pains in and soreness of the nose and face.

*Hepar sulph.* is often required after the remedies already named, when they fail to entirely relieve the disease; also, if notwithstanding the above remedies, the patient feels that he is constantly getting additions to his cold. If the disease is confined to one nostril, or if a susceptibility to it has been caused by an abuse of mercury, this is an indication for this remedy. Give a dose once in three hours.

*Bryonia*: Give this remedy once in two hours when there is dry obstruction of the nose which has continued for over twelve hours.

*Belladonna* may be given either alone or alternately with either of the above remedies, if there are sharp pains through the forehead and face, with swelling and soreness of the nose and loss of smell, which are not relieved by other remedies.

If the discharge becomes thick, whitish, yellow, or green, and does not soon abate, give a dose of *Pulsatilla* at night, and of *Sulphur* in the morning, until it is relieved.

For this disease, or snuffles, in infants, oil the nostrils and upper lip, and even the nose itself with *Glycerine*, first moistening the surface with water. If you cannot obtain *Glycerine*, use *Sweet cream* or *Sweet oil*. Give a dose of *Chamomilla* once in four hours if the nostrils and lips are chapped, and the child is either very restless, or there is dullness and drowsiness. *Nux vom.* is often useful at the commencement of the disease. Also consult what is said above in regard to *Arsenicum*, *Mercurius*, and *Bryonia*.

CHRONIC INFLAMMATION OF THE NOSTRILS, OR CATARRH—(OZENA).—This affection frequently follows acute inflammation,

and is often a very obstinate disease. It sometimes results from measles, or scarlet fever, and in other instances it has a scrofulous origin, and it may be caused by the venereal disease. With chronic inflammation there may be dryness of the mucous membrane, heat and swelling, so as to obstruct the passage of air; if the disease affects the back part of the nostrils, there is a frequent disposition to clear them out by a sudden and forcible inspiration of air. In other cases there is a copious secretion of a whitish opaque mucus, or of a yellowish or greenish matter, which may have an odor more or less offensive, and it is often very disagreeable. Sometimes ulcers form on the mucous membrane, and occasionally, especially in syphilitic cases, the bones of the nose become diseased and die, and pieces escape with the discharge. In some cases large scald flakes of exceedingly offensive matter are occasionally discharged either from the surface of ulcers or of the inflamed membrane. The sense of smell is often impaired, and sometimes lost.

*Treatment*.—In all cases, especially in children, when the disease is in a great measure confined to one nostril, examine carefully and see if there is not a foreign substance or body in the nostril which has caused the affection; for children frequently crowd into the nostrils pebbles, beans, kernels of corn, pieces of cloth, worsted, cotton, &c.; and such substances cause inflammation, which will continue until the foreign body is removed. To remove such foreign bodies bend the flat end of a probe, or of a tape-needle, or the crooked end of a wire hair-pin, sidewise, so as to form a slight hook, and pass it into the nostril, and carry the end up over the foreign body, then press down upon it and draw it forward on the floor of the nostril. In this way you can remove, in half a minute, almost any substance a child can crowd into the nostril; whereas, if you attempt to remove it with forceps, you will generally fail.

In slight cases, especially in such as follow the acute disease, or the measles, or scarlet fever, give a dose of *Pulsatilla* every night and a dose of *Sulphur* every morning for one week; then give *Pulsatilla* one night and *Sulphur* the next, for two weeks; after which give them two or three nights apart as long as there is an improvement. If the above remedies do not entirely cure the dis-

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ease, give *Calcarea carb.* night and morning for a week, then every night for a week or two, and afterwards once or twice a week.

If there is swelling of the mucous membrane of the nostrils, with heat, dryness, and obstruction, without discharge, give a dose of *Byonia* every morning, and a dose of *Lycopodium* every night, for two weeks; then give these remedies twenty-four hours apart for an equal length of time, and afterward two or three days apart.

If the disease occurs in a scrofulous habit, the above remedies will be found useful, especially *Sulphur*, *Calcarea carb.*, and *Lycopodium*. If in such cases there are ulcerations with the discharge of large offensive scales, or if the bones are diseased, *Sulphur*, followed by *Calcarea carb.*, will still be useful, but *Silicea* will often be required to complete the cure; give this remedy every night and gradually lengthen the intervals.

If the disease has had a syphilitic or venereal origin, give *Mercurius cor.* night and morning, and if the patient ceases to improve under the use of this remedy, at the end of three or four weeks, give *Nitric acid* night and morning. If the above remedies fail to relieve cases which have had a venereal or syphilitic origin, obtain at a druggist's ten grains of *Iodide of potassium*, dissolve the whole in forty spoonfuls of water, and take a spoonful three times a day. Cork the solution up in a bottle.

Chronic inflammation of the nostrils is a very obstinate disease, and requires a persevering treatment for a permanent cure. If convenient, you will do well to consult a homœopathic physician, and follow his directions.

### LARYNGITIS,

OR INFLAMMATION OF THE UPPER PORTION OF THE WINDPIPE.

A superficial inflammation of the mucous membrane of this part is very common, and is the cause of the hoarseness which often occurs during a cold, especially at its commencement; but the disease now under consideration, involves the structures beneath the

mucous membrane, causing swelling, and a narrowing of the passage, and, consequently, an obstruction to the entrance of air, and it is one of the most formidable and dangerous of all the diseases to which man is subject; fortunately it is not very common. It may be either acute or chronic. The acute form may occur in a person in full health, with a high fever at the commencement, or the patient may be weak and debilitated from other diseases, and have little or no fever. The causes are sudden changes of temperature, exposure of the neck and shoulders when the body is hot, the inhalation of hot or irritating vapors, an attempt to swallow hot or corrosive liquids, and the inhalation of flame in cases of burning about the head and neck. Inflammation of the throat occasionally extends to the larynx, or upper portions of the windpipe; and this affection is a frequent cause of death, in diphtheria, scarlet fever, and small-pox.

*Symptoms.*—Hoarseness, a hoarse cough, constriction, tenderness, and pain in the upper part of the windpipe, with difficult, prolonged and sonorous inspiration. Swallowing usually causes convulsive fits of coughing, and increased difficulty of breathing. At first there are generally chills followed by fever, flushed face, hot skin, and full pulse; but in delicate and debilitated patients there may be no fever. If the disease is not relieved by treatment, the cough becomes more painful, harsh and squeaking; the act of drawing in the breath is prolonged, wheezing, whistling, and requires a great effort on the part of the patient; expiration, or the passing out of the breath is performed easily. The patient is restless, and feels that he is on the point of suffocation; he sleeps but a few moments at a time, and awakes gasping for breath. The countenance becomes anxious and pale; the eyes staring; the nostrils raised; the lips livid; the voice reduced to a whisper; the pulse becomes very frequent, feeble, and irregular, and the extremities bathed in a cold, clammy sweat; Delirium, drowsiness, and stupor, often precede the termination of the disease in fatal cases; and death usually occurs on the fourth or fifth day, although sometimes as early as the first day, and in other instances not until the end of two or three weeks. Sometimes in hysterical females, and young children there is a spasmodic affection of the larynx, which

bears some resemblance to the affection now under consideration, but in such cases there is no fever, and the attack is more sudden, and apparently alarming at its very commencement than in the genuine disease.

*Treatment.*—This disease requires a prompt and persevering treatment, and if the symptoms are not soon relieved by the remedies named, a homœopathic physician should be called without delay. Generally this disease will be readily cured by the early use of homœopathic remedies, but not always. If a homœopathic physician cannot be had, and notwithstanding your treatment the symptoms become alarming, the face pale or livid, the pulse small and frequent, and the extremities cool and moist, you should send for an allopathic physician, as the life of the patient can sometimes be saved, in such cases, by making an opening into the trachea or windpipe, and allowing the patient to breathe through the opening, until the inflammation is cured.

*Aconite*: In all cases attended with chills and fever, or fever alone, give a dose of this remedy every half hour, and if at the end of two or three hours the symptoms are not relieved, give *Spongia* alternately with it, at intervals of one half an hour. If these remedies do not relieve the symptoms within twenty-four hours from the commencement of the disease, or even twelve hours, in severe cases, omit the *Spongia* and give *Hepar sulph.* alternately with *Aconite*, at intervals of one half an hour. Do not discontinue the *Aconite* unless the pulse becomes small, and the extremities moist and cool; but if such symptoms appear, with lividity of the face, omit the *Aconite* and give *Lachesis* alternately with *Hepar sulph.* at intervals of one hour.

When this disease occurs in consumptive patients, and those debilitated by chronic diseases, or chronic laryngitis, where there is no fever, *Aconite* will not be required, but *Spongia* and *Hepar sulph.* may be given; and if they do not relieve the symptoms, give *Arsenicum* every hour.

In addition to the internal remedies, at the commencement of the disease wring a small napkin from cold water, fold it and place it over the front part of the neck, and over that five or six thicknesses of dry flannel, so as to cover the wet cloth entirely; confine

the whole snugly to its place by a bandage or handkerchief around the neck; wet the napkin once in four hours. If at the end of twenty-four hours the patient is not improving, omit the cold cloths and wring a large towel from warm water, as hot as the patient can bear it without scalding, and place it on the front part and sides of the neck and chest; cover it with dry flannel. Wet the towel often, every ten or fifteen minutes, during the paroxysms of difficult breathing. If convenient give a warm bath once a day. The diet should be light, and contain no animal food or stimulating condiments.

### CHRONIC LARYNGITIS,

#### OR CHRONIC INFLAMMATION OF UPPER PORTION OF THE WINDPIPE.

This form of disease is much more common than the acute variety just described, and is of various degrees of severity. If it is slight, and confined to the mucous membrane, it may exist for months without much inconvenience, excepting hoarseness, habitual husky cough, and perhaps slight soreness on pressure. It frequently results from a neglected cold, and may follow an acute attack. The causes are similar to those which produce the acute form of the disease. Clergymen who neglect active exercise, so that their general systems become debilitated, and especially if they do not use their vocal organs in reading, speaking, and singing, during the week, are very liable to this disease.

In aggravated forms of the disease, the mucous membrane, and cellular structure beneath it, and the vocal chords, become thickened, and even ulcerated; the hoarseness increases, the voice may be squeaking, and even lost. The cough is generally dry early in the disease, but as it advances it becomes loose, and the expectoration often contains matter or pus. Sometimes there is considerable pain, but in other cases there is little or none. A sensation of dryness, tickling, itching, smarting, or burning, is common, and if ulcers form there is often a pricking sensation, as if a sharp body were in the throat. A sudden loss of voice may occur with a slight disease affecting the vocal ligaments, or it may be simply a nervous affection; in either case it is generally soon relieved.

ed; but when the voice becomes gradually impaired until it is lost, the disease is almost always more serious. The dry, squeaking kind of hoarseness implies a more permanent and worse form of disease than the deep, loose, or rattling hoarseness, which may be the result of relaxation. Sometimes earthy concretions form in the larynx, and are expectorated. In rare instances the inflammation extends to the cartilages, or gristly structures of the larynx, and they become bony, and perhaps die, and abscesses form around them, which discharge either externally or internally, and portions of the cartilages are sometimes separated and expectorated. Respiration becomes affected sooner or later in this disease, and is generally worse during the night, and on exertion. Sometimes there are severe paroxysms of difficult breathing, and the patient is frequently unable to lie down. If the disease continues on unchecked, the patient is worn out by hectic fever, night sweats, or diarrhœa, and dies. Or he may be cut off at an earlier stage by an attack of acute inflammation; and, as was stated in the section on acute laryngitis, the disease in such cases is often unattended with fever; it is generally, in fact, in such cases, but a dropsical swelling of the parts, which threatens or causes suffocation by mechanically closing the passage. Chronic laryngitis frequently occurs during the latter stages of consumption of the lungs, and in those who die from the former disease, tubercles are often found in the lungs. This disease may result from an abuse of the vocal organs in speaking and singing, the inhalation of air loaded with dust, neglected colds, suppressed eruptions, the abuse of mercury, and the extension of syphilitic or venereal disease of the throat. Scrofulous and intemperate individuals are more liable to it than others.

*Treatment.*—To prevent this affection gentlemen should avoid shaving, not even deprive the upper lip of nature's covering. A man can talk all day as easily as he can walk all day, if he only does it *every day*. Very few can perform any kind of active labor but one day in the week only, without causing, sooner or later, actual disease. If the reader would avoid this disease, or get rid of it, if already affected, let him obtain and read without fail, the author's work on the "Avoidable Causes of Disease," and he will

there find information more important than medicine, not but that the latter is needed, for without shunning the causes which have induced the disease, medicines can but palliate it at best.

*Hepar sulph.*: Give this remedy night and morning, when there is a short, hacking cough after eating, dry cough in the evening, or cough with scraping and rawness in the larynx, chronic hoarseness, or a deep, dry, hoarse cough. *Hepar* is also useful when the cough is loose, with rattling of mucus; and also when there is seated pain and soreness in one spot, which is aggravated by pressure, speech, cough, and breathing. If a predisposition to this disease has been developed by an abuse of mercury, this remedy is especially indicated.

Dose, see page 7.

If it fails to relieve give *Mercurius protiod.* three or four times a day, especially if the soreness extends to the throat, and there is soreness on swallowing, and frequent inclination to clear the throat, with or without hoarseness. Afterward give *Hepar sulph.* if it is needed.

*Spongia* will often benefit the patient in the earlier stages of the disease, and when the symptoms have been aggravated by taking cold, especially when the cough is dry, deep, and hoarse, and the respiration squeaking or sonorous. Give a dose once in six hours.

Give *Lachesis* once in six hours when the symptoms are worse after sleeping; when the slightest pressure causes pain and cough; also when there is a dry cough, caused by tickling, and hoarseness, with feeble voice, noisy, squeaking respiration, with suffocative paroxysms.

*Phosphorus* is indicated by burning, roughness, painful sensitiveness of the larynx, and hacking cough caused by tickling, also by morning hoarseness and loss of voice. It will often be useful after other remedies, in the advanced stages of the disease, when there is profuse expectoration, and if diarrhœa ensues, or the disease is complicated with consumption of the lungs. Give a dose night and morning.

*Calcarea carb.*: Give this remedy night and morning when there is chronic hoarseness, worse in the morning, dry, hacking cough

on retiring to bed, or a loose cough with profuse whitish or yellowish expectoration. It is especially useful for young subjects, and also when the cartilages are diseased.

*Mercurius viv.* may be given once in six hours, when the inflammation extends to the throat, and there is pain and soreness on empty swallowing, with hoarseness and cough. This remedy is especially useful if the disease has been caused by syphilis or the venereal disease. In such cases *Nitric acid* should follow *Mercurius*.

*Arsenicum*: Give this remedy once in six hours when there is a feeling of dryness and burning in the larynx; cough as if from the fumes of sulphur, with a sense of suffocation, and especially if the cough is aggravated by cold air.

*Carbo veg.* is indicated when there is hoarseness in the evening, aggravated by talking, and by cold and damp weather; also when there are tingling and itching in the larynx, with wheezing respiration; cough in the morning when rising, or on going into the open air.

*Silicea* will be found useful in cases where there is reason to fear the existence of ulcerations, when there is a profuse, yellowish, perhaps offensive expectoration, and when the cartilages are diseased. Give a dose night and morning.

*Sulphur*: If the patient has been subject to eruptive diseases, or if the disease is of long standing, give a dose of *Sulphur* every night for a week, at the commencement of the treatment; also if the disease does not seem to yield, or is only partially relieved by other remedies, give *Sulphur* a week, and as much longer as there are signs of improvement.

As this is an important, and a somewhat common and obstinate disease, I have given the chief indications for a large number of remedies. Select carefully your remedy, and do not change it in less time than one week, nor then if there is any improvement. If a patient improves under the use of a remedy, lengthen the intervals between the doses, and continue it as long as there is the slightest improvement.

HOARSENESS.—This symptom is generally caused by inflammation of the mucous membrane of the larynx or upper portion of

the windpipe, and as a symptom of acute and chronic laryngitis it has already been considered. It is also present in croup or inflammation of the windpipe or trachea. But it sometimes happens that from exposure to cold and other causes, there is hoarseness without fever, soreness, or any other symptom. When this is the case give a dose of *Drosera* once in four hours, and if it does not relieve this symptom within twenty-four hours give *Belladonna* once in two hours. If there is soreness of the throat in connection with the hoarseness, give *Mercurius viv.* alternately with the latter remedy. *Pulsatilla* often does better than either of the other remedies named, in the case of females. If the above remedies do not soon relieve the symptoms, consult the sections on acute and chronic laryngitis and croup.

#### CROUP (TRACHITIS)

This is one of the most alarming and even fatal of the diseases of childhood. The croup consists of an inflammation of the windpipe or trachea; the disease generally extends to the larynx or upper portion of the windpipe, and sometimes to the bronchia or air passages throughout the lungs. In some cases the inflammation is accompanied by the formation of a false membrane, which mechanically obstructs the passage of air to a greater or less degree. The croup occurs most frequently between the ages of one and twelve years; although children younger than one year, and persons older than twelve, are not exempt. It is more frequent among males than females, and is more common during cold than during warm weather. This disease is caused by exposure to cold and damp weather, when the neck, shoulders, and arms, are not properly protected by clothing. Dr. Eberlie says that during a practice of six years in a German settlement, he saw but one case, and that occurred in a family where the American style of dress had been adopted. Hot rooms, and the confinement of children indoors, are also fruitful causes of this affection. When a child is thus confined, the least breath of cold or damp air from an open window or door may cause this disease. Thin shoes and

stockings, especially with children who live in warm rooms, high-seasoned food, and all stimulating condiments, favor the development of croup and bronchitis. This disease frequently occurs during the progress of scarlet fever, small-pox, and measles.

*Symptoms.*—Before the attack the child is often peevish, fretful and perhaps feverish; there may also be symptoms of cold in the head, and slight hoarseness. Toward evening, or sometime before midnight, the hoarseness and fever increase. In other instances, without any premonitory symptoms, the child awakens suddenly during the night, with a sensation of suffocation, with a hoarse ringing cough, hurried and hissing respiration, and a rough hoarse voice, sometimes almost as if the patient were speaking through a brazen instrument. There are great agitation, alarm, and distress; and there is usually more or less heat of skin, and frequency of pulse. The difficulty of breathing at the commencement of the disease generally depends, in a great measure, on a spasmodic contraction of the larynx, for it occurs in paroxysms. The symptoms are usually worse during the night, especially about midnight, and the patient is often quite comfortable during the day. If the disease continues on uninfluenced by treatment, generally, at some period between the second and the sixth days, symptoms of great prostration ensue, the difficulty of breathing increases, the cough becomes squeaking, the pulse small and irregular, the extremities bathed in a cold clammy sweat, and the countenance, during the severe paroxysms of difficult breathing, becomes of a livid or dusky hue. The duration of the disease, in fatal cases, is usually from three to six days, although patients sometimes die within twenty-four hours, whereas, in other cases, not until the end of nine or ten days. Cases in which the symptoms are the most violent at the commencement, are not always the most dangerous, for such patients necessarily receive prompt treatment, and the disease is often, in such cases, in a great measure spasmodic, with very little inflammatory action; and if there is considerable fever and inflammation, there is frequently very little tendency to the effusion of false membrane; whereas, in those cases which commence gradually, with a slight fever, hoarseness, and cough, the disease often progresses to the membranous stage

before attention is seriously called to it; and in such cases the tendency to a membranous formation is often very strong. "The prognosis, in all cases of croup," says Dr. Condi, "is very serious; the probabilities are against recovery." This may be true, under the "heroic treatment" of allopathy, but it certainly is not true where patients are treated homœopathically, and bloodletting, leeching, emetics, cathartics, swabbing the throat with caustic, etc., etc., are omitted, for comparatively few patients die from this disease, under our treatment, yet they cannot always be cured.

*Treatment.*—The symptoms, as has been stated, are almost always worse during the night, and even when the disease is steadily progressing toward a fatal termination, the patient is often comfortable during the day, therefore give the proper remedies regularly during the day, and do not omit them, nor lessen the frequency of the doses until the last symptom has been removed. Always awaken the patient regularly to give the medicines until after midnight, then, if he is comfortable, give them only when he awakes, until morning, then give them regularly again during the day and until after midnight.

*Aconite:* Give this remedy every half hour until the patient has taken four doses, when, if he is improving, continue it at intervals of one hour; but if there is no improvement, give *Hepar sulph.* alternately with it at intervals of half an hour. Give these remedies during the afternoon and night, but every day during the forenoon, give *Spongia* every hour, and omit the other remedies until afternoon; then omit the *Spongia* and give *Hepar sulph.* and *Aconite* again. If you persevere in the use of the above remedies, you will rarely fail to prevent the formation of a false membrane, and the nightly paroxysms will grow less, and at the end of from one to three or four days, the patient will generally be restored to health. Do not change the above for other remedies, so long as the symptoms improve, or the nightly paroxysms grow less, even though it be but slowly.

Dose for any of these remedies, see page 7.

*Lachesis:* If, after using the above remedies from two to three or four days, instead of improving, the symptoms seem to be getting worse, the difficulty of breathing more constant, the cough

and voice squeaking, the pulse small or irregular, and the extremities cool, give *Lachesis* alternately with *Hepar sulph.* at intervals of half an hour or one hour; and if at the end of twelve or twenty-four hours there is no improvement, omit the *Hepar sulph.* and give *Phosphorus* once an hour during the forenoon, and *Tartar emetic* during the afternoon and night. A homœopathic physician should always be consulted, if practicable, if the symptoms are not promptly relieved by the treatment.

Sometimes, as the croupy symptoms abate, symptoms of bronchitis become manifest, the breathing is hurried, the cough is loose, but not croupy, and if you apply your ear to the walls of the chest, you hear a rattling of mucus, or bubbling in the air passages; when such symptoms occur, omit other remedies and give *Bryonia* during the forenoon once in two hours, and *Tartar emetic* every hour during the afternoon, evening, and night, when the patient is awake.

Consult the section on bronchitis, if the above remedies fail to relieve.

*External applications, Diet, &c.*—At the commencement of the disease, wring a small napkin, or a few thicknesses of cotton or linen cloth from cold water, and apply over the front part of the neck; put over it four or five thicknesses of dry flannel, and confine all by a bandage or handkerchief, so as to exclude the cold air. Wet the cloth once in six or eight hours. If, notwithstanding the above application and the use of the remedies, the paroxysms of difficult breathing become very severe, wring large towels or cloths from warm water, as hot as the patient can bear without scalding, and apply them over the entire front and sides of the neck and chest, and cover the wet cloths with dry flannel. Wet the cloths every ten or fifteen minutes. A warm bath once or twice a day, is also useful. The diet should be light and without animal food.

If you would prevent this disease, or eradicate a predisposition to it in your children, read carefully the chapters on the "Conditions requisite for Physical Development and Preservation," "Use and Abuse of the Digestive Organs," and on the "Management and Education of Children," in the author's work on

the "Avoidable Causes of Disease." Also give *Hepar sulph.* and *Spongia*, alternately, one week apart.

### SPASM OF THE GLOTTIS, OR CROWING DISEASE.

This affection is sometimes called spasmodic croup, as there is no inflammation or fever attending it. It generally occurs in children under three years of age and those of a delicate and nervous temperament, are more liable to it than others.

*Symptoms.*—The attack frequently occurs during sleep, the child awaking much agitated, alarmed, and struggling for breath; there is sometimes cramping of the hands and feet, and occasionally the whole body is convulsed. These symptoms are caused by a spasmodic contraction of the opening to the windpipe or glottis, which mechanically prevents the entrance of air to the lungs. This spasm may abate suddenly and the air enter freely without any unusual sound, but more frequently it abates gradually, and the air, as it enters, causes a crowing sound. In other cases, or perhaps in the same patient the attack occurs when the child is awake, perhaps when the nurse is tossing him up and down, or when he is frightened. A patient, after having once had the disease, is very liable to a return of the symptoms, and attack may follow attack, if the disease is not cured, until at length the little patient is not free from it for a single hour, and may finally die from suffocation or convulsions. There is usually no cough, and the child breathes freely in the intervals between the paroxysms.

*Treatment.*—Give *Belladonna* and *Cuprum* alternately at intervals of four hours, when the child is awake, and as soon as the paroxysms cease, give the former at night and the latter in the morning. If the above remedies fail to cure the disease, give a dose of *Calcareæ carb.* every morning and *Hyosciamus* once in four hours during the afternoon and forepart of the night. Keep the child quiet and avoid exciting it, or tossing it up and down.

### INFLUENZA (GRIPPE).

This is an epidemic disease, which generally proceeds from east to west, or from the south northward, but sometimes the reverse