

On pneumonia.

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Sir William Hamilton Bart
Esq

Per the Dr J. Rutherford Ruspall's Long

ON PNEUMONIA.

(Extracted from the British Journal of Homœopathy, No. XXXV.)

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ON PNEUMONIA.

BEFORE entering on the immediate subject of this paper, we think it may be well to make some general observations on the relation of Homœopathy to Pathology, for there seems yet much vagueness in the homœopathic mind upon this point.

Our readers are doubtless all familiar with Dr. Geddes Scott's prize essay.* We think it well deserved a prize, for it is singularly clear, learned, and condensed; but we do not think that he exhausts the subject. The essence of the distinction he lays down between homœopathy and all other systems of medicines is, "that it is not a theory of disease at all, but a theory of cure, and that it may be applied to practice whatever theory of disease may happen to be adopted" (p. 7 of original essay). Again: "the law *similia similibus curantur*, which is the theoretic law, points immediately to those properties in a medicine which render it suitable to any given disease. No intervening theory of medicinal action is requisite," &c. (page 15). As we are anxious to avoid both controversy and prolixity, we shall at once state our views upon the matter on hand, and leave our readers to consider how far they coincide with or differ from those of our esteemed and learned colleague.

Homœopathy may be defined the law of relation between morbid action and the external specific forces of nature. The relation is one of similarity and antagonism; its perfect application implies two knowledges, *first*, the knowledge of all the morbid actions which are liable to arise spontaneously in the animal economy; *second*, the knowledge of the effects of all specific forces in producing morbid action. The latter kind of knowledge embraces all that refers to the proving of medicines, and is not now relevant.

Without going into any wire-drawn metaphysical disquisitions about what we mean by knowing morbid action, we may state generally that we look upon this knowledge as of the same kind as that by which we recognise a person. The more intimate we are with anyone, the more slight need be his indica-

* Vol. vi., p. 145, of this Journal.

tion—his footstep, his knock, the most distant glimpse of his figure are enough to identify him beyond all doubt in our mind. If we are asked to state scientifically how we so recognised him, we might say, we perceived with a rapidity almost intuitive all the *differentia* between him and every other individual. Could we abstract these *differentia* in imagination, they would become “his mark”—we may say his symptom—not him. The qualities of mind required for this simple process are of two kinds, the observational faculty and the imaginative, using the latter term in a large sense. Isaac Taylor remarks in his work on “Home Education,” that nothing shows the difference between man and the lower animals so well as the effect of a picture upon a dog and a child. It is the highest compliment to a painter when a dog recognises the likeness of his master: the dog requires a full representation of the object; but take a piece of chalk and draw anything like an upright, forked animal, with a hat on the head, and immediately a child exclaims “papa!” The child’s imagination “bodies forth the forms of things unseen.” So it is with a physician. Disease is the total *differentia* from health superimposed upon an individual; the physician of the highest order knows the relation of all the members of the morbid group; if he observe the presence of one he is sure of all the rest, as Cuvier was of all the bones of a skeleton, from a single articulation. To accomplish this great feat of art, he requires as thorough a knowledge of all morbid processes as Cuvier had of anatomy; and more than this, he requires the high faculty of imagination, or the power of successful hypothesis. “The bodying forth” (to return to the phrase of him who knew the process better than any man that ever lived) is a work of the higher reflective and imaginative rather than the lower observing faculties; the faculties which relate us to the Creator as contrasted with those which relate us to the creature. The God-like as opposed to the sensuous. Herein lies the explanation of a fact which we have often observed but never heard accounted for—that all great physicians have been distinguished more by their reflective than their observing faculties. Let our readers recall the cerebral development of those who have taken the highest place in medicine, and observe whether the upper or

reflective region does not immensely preponderate over the lower or observing. Take Hippocrates, Galen, Hahnemann, Abercrombie, as examples.*

We cannot prescribe for the simplest case without a pathological hypothesis. A patient complains of pain in the face: must we not run over in our minds all the probable sources of such a pain? it may be toothache, neuralgia, rheumatism, &c. We narrow the ground of guess by questions conceived by the aid of hypothesis, and if we are fully answered, we gradually exclude all but the particular form of disease which we wish to arrive at. This is the analytic part of the work, and even here imagination is necessary; and having stripped the symptoms of all deceptive associations, we proceed to build up an entire body of disease, which is the morbid picture Hahnemann speaks so much about. In the spacious minds of the great physicians, all these morbid pictures have their prototypes—they are already there; hence they, and they alone, at once recognise, in the true sense, any disease with which they are familiar. As we consider this subject of great importance we would strongly recommend to our readers a recent delightful and instructive article in the *North British Review*, on Locke and Sydenham.†

* It is not necessary to assume the truth of phrenology to gain consent to the proposition, that a well-developed upper part of the forehead is never absent in those gifted with high reflective powers. The testimony of all ages, from Plato to Coleridge, "the wrapt one of the *God-like forehead*," as his friend, C. Lamb, calls him, is uniform upon this point, nor is it necessary to prove the genuineness of the likenesses of Hippocrates; it is more important for us to know what kind of head the Greek artists attributed to the father of medicine than to know what he actually had.

† The following anecdote is told in it of Dr. Abercrombie: "The Doctor sauntered into the room in his odd, indifferent way, which many must recollect, scrutinized all the curiosities on the mantelpiece, and then, as if by chance, found himself by the patient's bedside; but when there his eye settled on him intensely—his whole mind was busily at work. He asked him a few plain questions, spoke with great kindness, but very briefly; and coming back to consult, he said, to the astonishment of the surgeon and young student (who had been treating the patient for malignant disease of the stomach), 'His mischief is all in the brain; the stomach is affected merely through it. The case will do no good; he will get blind, convulsed, and die.' He then in his considerate, simple way, went over what might be done to palliate suffering and prolong life. He was right; the man died as he said,

Besides intellectual imagination the physician must also have what we may call moral imagination. He must be able not only to picture the disease in its full individuality, but he must realise to some extent the effects of such disease upon his patient. To enter fully into this would lead us to consider the moral attributes required for a physician, and this would be quite beyond the scope of these introductory remarks. Suffice it to say, that the place of a practical art in the intellectual scale is fixed by the amount of thought required for its developement, and its place in the moral by the amount of feeling required for its exercise; and that the art of healing occupies the highest place in both, the power of "healing all manner of diseases" being the natural attendant of that inward purity which dwelt as light in the Physician of souls. So much for the absolute necessity of a pathology to every medical practitioner.

In passing from these general observations of the necessity of pathology to a homœopathist to the consideration of the subject immediately before us, we may observe, that the speed and certainty of a cure of any acute disease, is in the inverse ratio of the extent of the lesion, and the direct ratio of the amount of expression of the changes. In neuralgia, for example, we have the minimum of derangement of structure, and the maximum of sensation; because the parts are in the most concentrated form, and are the seat of sensibility, and of no disease is the cure so quick, perfect, and permanent as of some cases of idiopathic "tic douloureux." All homœopathic practitioners must have met with such cases; we remember two especially which occurred

the brain was found softened, and the stomach sound. The young student who was intimate with Dr. Abercrombie, ventured to ask him what it was in the look of the man that made him know at once. 'I can't tell you, I can hardly tell myself; but I rest with confidence upon the exactness and honesty of my past observations. I remember the result, and act upon it; but I can't put you, without infinite trouble myself, in possession of all the steps.' 'But would it not be a great saving if you could tell others?' said the young doctor. 'It would be no such thing; it would be the worst thing that could happen to you; you must follow in the same road and you will get as far and much farther. You must miss often before you hit; you can't tell a man how to hit; you may tell him what to aim at.' 'Was it something in the eye?' said his inveterate querest. 'Perhaps it was,' he said good naturedly; 'but don't you go and blister any man's occiput whose eyes are, as you think, like his.'"—(*Article on Locke and Sydenham in North British Review.*)

in our own practice, they were both of long standing, the one patient had suffered almost constantly for years, and both were cured by a few doses of medicine, and never had any return of the complaint. The reason for our success in such cases is obvious: in all the "algias," as the name implies, *the pain is the disease*. As in Zeuxis' famous painting, the curtain was the picture. Morbid anatomy gives no additional information, the whole disease is expressed, in its most exaggerated form, by the sufferings. All we have to do is to find out a similar picture of pain in some of the observed effects of a drug, and as certainly as a wave of sound, when rolling along its aerial course, is brought to rest and silence by meeting with one exactly equal and similar proceeding in the opposite direction,* so certainly will the entire flame of pain, though it may have been burning for years, be extinguished for ever by the application of the specific remedy.

The farther we recede from this point, that is the larger the lesion and the smaller its expression, the more difficult and tedious, though not necessarily the less certain (for reasons which will appear in the sequel) will be the treatment of the disease. And, as we may put toothache at one end of the scale, we may put pneumonia at the other, for here we have, in some instances, a most extensive lesion of the most important organ taking place without any sensible expression whatever. For example, Grisolle says—

"I shall never forget the history of an old woman in the Salpêtrière, who, in the month of May, 1831, presented herself for consultation; she was ordered a laxative, to restore her appetite, which she had lost for a day or two. This woman, who bore no trace of any serious disorder, nor otherwise complained of any pain; had no heat of skin; her pulse was slightly frequent and irregular, which might be explained by an old heart affection; this woman still took her food, in the course of the day made several turns up and down the court, and towards the close of the day *she sat down and suddenly died. (elle s'assit et mourut subitement).*" †

* See a very well written paper in a recent number of the *Household Words*, entitled "Chemical Contradictions," in which homœopathy is spoken of. Who would have dreamt ten years ago of finding homœopathy among the Household Words of England?

† *Traité pratique de la pneumonie aux differens ages et dans ses rapports*

It is not easy to exaggerate the importance of pneumonia to the practical physician. Next to typhus fever it is, according to Dr. Farr,* the most deadly disease in Britain. One out of every twenty-five deaths is owing to this disease; so far from an attack giving immunity for the future, as is the case more or less with typhus fever, it is its own most prominent predisposing cause. Out of 175 patients ill of pneumonia, questioned by Grisolle, 54 had previously been affected with the disease. Chomel† attended a patient in his tenth attack; and Rush mentions a German, in Philadelphia, who had had twenty-eight attacks of the disease.‡ Not only is it a frequent and fatal disease, but it is one which can be recognised by a skilful physician with infallible certainty, and of which we know as much as it is possible to know of any disease, and it is one in which the difference of success in the application of medicine seems commensurate with the skill exhibited in the choice of the remedy, and the timeliness of its administration. Thus the difference of the mortality, under the most approved allopathic and homœopathic treatment, is enormous; and it is quite within the sphere of legitimate expectation, that in proper hands and under favourable circumstances, all cases of simple pneumonia will be cured with almost absolute certainty.

We do not propose to enter into a consideration of the ætiology or symptomatology of the disease, for to do them justice, would require a volume, not a section of a paper; but observing, *en passant*, that long continued exposure to intense cold seems the great exciting cause of the disease, we shall proceed at once to the structural changes of the part which is the seat of the disease, as, from these, in this instance we can deduce both the symptoms and the remedy.

To have a precise idea of what inflammation of the lungs is,

avec les autres maladies aiguës et chroniques, par A. Grisolle, D. M. P., p. 435. As this is the first time we have had occasion to refer to Grisolle, we may mention that he is recognised as *the authority* in pneumonia; and, as we shall have frequent occasion to quote from his work in the sequel, it is well to know that Louis, and all the highest authorities in France, Germany and Britain, regard Mons. Grisolle as perfectly trustworthy.

* Report of Annual Mortality. † Diction. de Med., vol. xvii., p. 214.

‡ Cyclopæd. of Pract. Med., vol. iii., p. 406.

we must first thoroughly understand the anatomical and physiological relations of the lungs ; and, secondly, be acquainted with certain general facts regarding inflammation, and, at the risk of seeming both tedious and pedantic, we shall make a general survey of both these subjects.

The lobes of the lungs, viewed anatomically, have been compared to cauliflower, consisting, as they do, of a main stem, branching out into numerous small offshoots, which end in blunt extremities, like minute sausages. These stems are hollow air tubes of elastic tissue, with cartilaginous rings to support it, the rings becoming plates towards the termination of the little branches, to enable them to contract and dilate with the entrance and exit of air ; all round these little blunt branches cluster innumerable blood-vessels, which unite with one another at every point, so as to make an inextricable mesh of net work.* Physiologically, the lungs connect the blood within to the air without. Here the blood is made. Blood consists of a fluid in which blood-globules swim. This fluid contains a definite quantity of fibrine, and the proportion of fibrine to globules is a matter of much importance in a pathological point of view, and to it we shall have frequent occasion to revert. Blood-globules consist of a central kernal or mass, having many of the properties of fibrine, and round this there is a capsule which enlarges and contracts, and undergoes a process of development and death apparently.

According to the most recent observations, the most probable explanation of the way blood is made is this. In the chyle are small globules ; these chyle or lymph globules on entering the lungs by the pulmonary vein, become endowed with a highly organised covering, which probably has the power of secreting colouring matter and the other secreted constituents of a true blood-globule. This blood-globule once made, enjoys a sort of independent vitality, and reacts to different agents like a living being.* Simon says, Henle coincides in this view : " It cannot be doubted," says Schulz, " that the blood-corpuscles are pro-

* See Reisseissen's admirable work entitled "*De Fabrica Pulmonum*," published at Berlin in 1832.

† See Simon's *Chemistry*, vol. 1st, 128—also Schulz "*über die Gehemmte Auflösung*" in *Hufeland's Journal*, April, 1838.

duced by the formation of a coloured capsule round the lymph globules." These blood-globules then are formed in the lungs, and a condition of their formation is, the integrity of the structure of the lungs and of the respiratory process. Once formed, they are carried in all the freshness of their youth to the left side of the heart, which propels them by its *vis incita* through the system, where as "floating centres of nutrition," to use the words of Dr. Martin Barry,* they subserve their great purpose in the animal economy, continually dying and being reproduced; so that our life is maintained at the expence of the lives of these myriads of monads which float in our arteries and veins.

As the due formation, the birth, so to speak, of these globules implies the perfect integrity of the respiratory organs, so the proper relation of the capillary vessels of the body generally is required for the manifestation of those changes on which nutrition depends. Inflammation implies an enormous change in the relation of the capillary vessels to the contained blood. Inflammation consists of three stages; in the first the capillary vessels are contracted, and according to hydraulic laws, the motion of the blood hastened—this is the latent stage, the existence of which was long denied, and still is by some physiologists, but which seems established beyond the possibility of doubt by the researches of W. Phillip, Kaltenbrunner, Wedemayer, Koch, and a host of others; in the second there is a dilatation of the capillary vessels, the blood-globules are no longer transmitted; they adhere to the sides of the vessels, break up, their living tunic is destroyed, the red colouring matter diffused through the serum, and the central kernel escapes; it is a question at present whether this central kernel is metamorphosed into a true pus globule or not. The death and dissolution of the blood-globules implies the cessation of all the reciprocal actions which in health take place between the vessels and its contents, and with this arrest there stop also all those electric and other phenomena (the odylic?) which Matteucci has shown to attend all vital processes. It may be, as suggested by Mr. Roberts,† that the inflammation is a de-electrifying process, and that a certain

* On the nucleus of the animal and vegetable cell, in Ed. New Phil. Journal, for 1847.

† Magazine and Journal of Science, 3rd series, July, 1841.

amount of electric action is necessary to neutralize the capillary attraction, and permit the free passage of the blood in health through the minute tubes.

The blood also undergoes important changes. In all pure inflammations there is a considerable increase of the fibrine and a proportional diminution of the blood-globules.* At this stage the vessels are turgid, throbbing, the walls distended almost to bursting, the effect of this is an increase either of the *general* or *special* sensibility of the part; pain does not necessarily attend inflammation, but very often, we repeat, increased special sensibility, for each part has its own sensibility. This distension of the blood-vessels and increase of sensibility disturbs the sympathetic relations of an inflamed part, and the heart which, though the most independent, is yet the most responsive organ of the body, participates in the local disturbance to a degree depending chiefly upon the amount of pain, and the extent of the lesion; besides, being thus forced to become a link in the chain of morbid phenomena by sympathy, if the inflamed part be, as is the case with the lungs, a very vascular tissue, it may thus cause an undue opposition to the passage of the blood requiring increased mechanical force to overcome it. The third stage of inflammation consists in the restoration of the capillaries to their normal state, and as Talleyrand said that the worst revolution was a restoration, so in the capillary kingdom, the restoration of their original constitution is seldom effected without the formation of new products of every variety of kind. The most important for us at present is organizable lymph, which consists of a strong solution of fibrine apparently, and the tendency of this is to assume definite shapes, depending upon the form of the part where it is laid down. This is one of the most important *terminations* of inflammation.†

In applying these general facts to the peripneumonia of Hippocrates,‡ the pneumonia of the moderns, we find that

* Andral *Essai d'Hématologie Pathologique*, 1843. A work we shall have occasion frequently to refer to—it is the standard one upon the subject.

† Fletcher's *Elements of Pathology*, Art. Inflammation.

‡ Laennec observes in a foot note, that it is a common mistake to suppose the *peripneumonia* implied inflammation of the integuments as well as of the lungs. This it does not do in Hippocrates.—*Traité de l'Auscultation Mediate*, Paris, 1826, p. 393.

Stokes* is one of the few writers who insists upon the probability of a stage in pneumonia prior to the first stage of Laennec. Whether this stage of the contraction of the capillaries be recognisable or not, may be a question; of its existence there can be none, unless we were to suppose a violation of all analogies in regard to inflammation of the lungs. In this stage of the pneumonic process there is a contraction of the capillaries of a portion of the substance of the lung, that is of the minute air-vessels in which all the larger tubes terminate. As it is impossible to recognise with precision the moment of the accession of this change, so its exact duration cannot be determined. It may be coincident with the shivering which so frequently precedes an attack of pneumonia; but even if it were, this is too uncertain and irregular to be a good *point de depart*.

The first stage of Laennec, and all practical physicians (except Stokes) is that of capillary dilatation and consequent engorgement. The lung in this stage presents just such appearances as might be expected, from the retention of a surplusage of blood in a very vascular spongy substance. It becomes firmer, of a livid or violet colour, and when cut into a coloured serous fluid as well as blood flows freely from the incisions. We learn nothing particular from the microscopic examination of this stage. The effects of the engorgement of the capillary vessels of the organ on whose integrity all the functions depend, must be numerous and important. The immediate physiological effect will be a sense of oppression, such as felt in the first stage of suffocation. The stimulus to inspiration is the presence of carbonic acid in the lungs, in undue amount; there is an instinctive sense of its inadequacy to support life, and an instinctive effort to get rid of the uneasiness its presence produces by breathing a-fresh, the less complete the success of each effort, the more frequently will it be repeated, even to panting. In the case of pneumonia this dyspnœa and accelerated respiration has a double origin, the first and far the most important is, the increased specific sensibility of the lung. The lung is specifically sensible to the presence of carbonic acid, but the inflamed lung is preternaturally sensitive. This position

* Treatise on Diagnosis and Treatment of Diseases of the Chest, part 1, p. 310.

which we have no where seen stated, seems to us proved by the following considerations. First, the amount of abnormal excess of carbonic acid is very trifling; according to Davy,* the difference of the quantity of air in the lungs before and after an expiration is as 118 to 108 inches, that is, about 10 to 13 inches are changed each time, or not much above a 10th. This is the amount of change in the whole lungs. Let us consider how insignificant the effect upon the general respiratory process, the occlusion of a lobule must have. Again: all causes which increase the pulmonary sensibility, augment the dyspnœa;† as for example, an exanthematous disease. Besides, the lung may be occluded more completely, and to a much larger extent, as in phthisis, and even in what is called latent pneumonia, with little acceleration of the breathing, and without a trace of difficulty. Dyspnœa then, which Grisolles speaks of as a constant symptom, and which for reasons obvious on a moment's reflection, is more important to us as homœopaths than the physical signs of the disease, depends, like all other vital phenomena, upon the combination of two causes—the one a preternatural sensibility of the affected part to the natural stimulus on which its action depends; and the other an excessive amount of that natural stimulus. We have the phenomenon analyzed in nervous asthma, and suffocation by carbonic acid gas. In the former the irritability is excessive, the stimulus natural; in the other the irritability is natural, the stimulus excessive—we are speaking at present only of the dyspnœa that attends the first stage, that which attends the third, or fatal stage, has different relations altogether. The explanation of most of the other phenomena are deducible from the accelerated respiration. The pulse is almost always full and rapid, more constantly so, according to Grisolles, than in almost any other acute disease. Without entering more fully into the physiological considerations of the point, it is enough to observe, that the heart is so related both by the respiratory system of nerves, and mechanically to the lungs, that it is almost inconceivable that it should not participate in any disturbance affecting them. The blood being the

* Simon's Chemistry, p. 126.

† Grisolles.

river of life which permeates the whole frame, it is manifest that whatever troubles it, must produce general derangement. Now the blood is very much affected in pneumonia. In healthy blood the proportion of fibrine is from two to three *per mille*.^{*} According to Andral,[†] in pneumonia it rises as high as ten *per mille*, higher indeed than in any disease, acute rheumatism excepted. With the increase of fibrine, there is a diminution of red globules, the normal average of these is, according to Lecanu, 127. About 114 seems the average in pneumonia.[‡]

It is obvious that so important a change in the blood and in the heart's action must affect both the cerebro-spinal axis and the organs of digestion. Hence we find delirium frequent and intense, in proportion to the severity of the local disease; also foul tongue, constipation, high-coloured urine, and the other attendants of insufficient innervation of the alimentary canal and renal apparatus.

Before leaving this part of the subject, we shall briefly advert to the question of whether these important changes in the blood are primary or secondary. Dietl § argues that the changes in the blood are primary, and that on these changes the dyspnœa, delirium, &c. depend. The question has been set at rest by an experiment of Professor Henderson, who bled a patient at an early stage of pneumonia, and found that there was no increase of the quantity of fibrine. || Besides, Andral lays it down as a maxim in hæmatology, that the exanthematous diseases never increase the proportion of fibrine or diminish that of the blood-globules. Nay, that they seem to exert an opposing influence to this effect, when produced by an intercurrent acute inflammation; so that if a pneumonia be not very extensive, it will have no effect in deranging the proportion of fibrine blood-globules if it occurs in a person suffering under measles. Now, Grisolle mentions a case where there was slight pneumonia, but excessive dyspnœa and other symptoms occurring in the course of an attack of

^{*} Simon's Chemistry, p. 245. [†] *Op. cit.* p. 86.

[‡] Andral and Gavarret, Simon's Chemistry.

[§] Der Aderlass in der Lungen entzündung. Wien, 1849.

|| See Essay on Pathology in 7th vol. of this Journal.

measles, which proves that these symptoms could not be owing to the change in the blood as none would take place.

We have one more observation to make on the cause of the dyspnœa in pneumonia, it is extremely similar to that which precedes an attack of hæmorrhage from the lungs. Now, in all hæmorrhages there is a diminution of the fibrine, not an excess; in fact, the state of the blood is diametrically opposite to that in pneumonia. The pathology of such hæmorrhages is simple enough; there is a congestion of the lungs relieved by an effusion of blood. They often happen in patients whose nervous system is deranged, which may account for the excessive dyspnœa which precedes an attack of hæmorrhage—dyspnœa, greater than the limited portion of the occluded lung, accounts for on mechanical principles. The connection of hæmorrhages with neuropathia is a subject of great interest to the physician, and one hitherto but little worked out.

In this stage when the blood is accumulated in the vessels of the lungs, and the blood-globules broken down and dissolved, there is an exudation of bloody serum through the walls of the vessels into the air-cells, whence result the rust-coloured sputa, so characteristic of the disease. It is probable that this takes place without any rupture of the coats of the vessels, for Reisseissen* found that, when injecting a fine fluid into the pulmonary artery or vein however gently he did it, yet some escaped into the air-cells. It may be some endosmotic process, or there may be slight rupture. It is impossible to decide, and it is no matter. The other symptoms of the pneumonia, the cough and pain, are no way peculiar, and are accounted for on the pathological principles which determine these phenomena generally. The cough is seldom troublesome, sometimes altogether absent; the pain quite uncertain in its seat, character, and degree. A fatal case of pneumonia of the *right lung* we once attended began by excessive pain in the region of the heart and dyspnœa. The cause of the pain in this case probably was owing to the anastomosis of the respiratory and sensitive systems of nerves. But a full explanation of this would occupy too much space. It is well,

* *Op. cit.*

however, to remember that *latent* pneumonia is often attended with severe pain in parts distant from the seat of the disease.

The second stage of pneumonia consists of the secretion and deposition of certain matters from the blood-vessels into the air-cells and minute bronchial tubes. Meckel defines inflammation *to be a congestion, with a tendency to a new production*. The second stage may in some respects be considered as the termination of the diseased action, for if, as in hæmorrhage from the lungs the matter secreted were capable of immediate expulsion, then the congested vessels would at once return to their pristine integrity, and the functions of respiration go on unimpaired. But this is not the case; the matter secreted and effused must be looked upon as an altogether new formation which lies imbedded in the lungs, and undergoes certain transformations according to fixed laws of its being; and it becomes of the greatest interest to ascertain what this substance consists of, and what changes it tends to undergo. We may look upon this subject as exhausted, it has been so thoroughly examined; one of the best papers upon it is by Professor Henderson in the *Monthly Journal of Medical Science*, published in Edinburgh in 1841. There is also a very full and concise paper by Dr. Aitken, of Glasgow, in the *Edinburgh Medical and Surgical Journal*, No. 178.

“Viewed under the microscope,” says Professor Hasse,* “an exudation of genuine pneumonia reveals a distinctly granulated condition, and, generally speaking, an elementary composition varying as this second stage is more or less advanced. Numerous examinations have induced me to believe that in this kind of pneumonia the effused substances are originally fluid, then coagulate to a tolerable degree of solidity; and finally, again liquify. In the primary form these substances, as above stated, display a number of blood disks imbedded in a nearly amorphous, slightly granulated or striated mass. On being treated with water this mass still exhibits no cells (beyond a few shed ciliary cylinders), but numerous elementary granules either

* Anatomical description of the diseases of the organs of circulation and respiration, by C. E. Hasse, M.D., &c. &c.; translated and edited by W. E. Swaine, M.D., p. 210-11.

scattered singly or collected in groups. Acetic acid dissolves the greater portion of the mass, leaving unchanged only the elementary granules, and more or fewer spherical nuclei of various magnitudes. When some time elapses before the coagulation of the effused substances takes place, these nuclei become previously sheathed in spherical cells—*exudation cells*. After coagulation, the mass becomes amorpho-granular by mechanical division, a display of certain forms only, for the most part exudation cells—is sometimes produced; by treatment with Acetic acid this mass is again almost entirely dissolved, those elementary granules and spheroid nuclei alone remaining. With the ultimate liquifaction of the coagulate effusion the *true* development of cells appears to take place; and it now depends upon relations not clearly definable whether more exudation cells or more pus globules are developed. These two last forms constitute by far the greatest portion of the mass, and become readily discernible on the application of Acetic acid. In this variety of pneumonia, granule cells appear to form in very small numbers, and often not at all.” Professor Hasse adds in a note—“ These microscopic relations would hardly justify the adoption of the epithet—‘Croupal,’ as applied by Rokitansky to genuine pneumonia, inasmuch as the false membrane in real croup displays a different elementary composition.”

The most important considerations in a practical point of view in reference to this stage, are that the first and second stages are almost always going on together in the lung, though of course not in the same part of the lung, that we can hope to arrest the progress of the first but have no control over the second, and that the kind of deposition depends upon the state of the general health; thus, in cachetic persons, the deposition is more granular, that is, more allied to pus, while in the vigorous it is more fibrinous, and sometimes, whatever Professor Hasse may say to the contrary, has all the properties of the false membrane of croup. Cases are recorded of pneumonia terminating in the coughing up of tubes having the form of the minute ramifications of the bronchia; so that it depends upon whether the patient is in a dyscrastic or eucrastic state, the pe-

culiar organization or disorganization of the secreted deposit in his lungs as the termination of their inflamed condition.

We may observe, that with the setting in of this stage there is an immediate relief to all the sensible symptoms of the patient. In some cases this relief is almost instantaneous. The apparent relief afforded by blood-letting is owing to its frequently being made at the time when this second stage was just setting in. This fact is established beyond a doubt by Dietl.* However, we do not mean to deny that blood-letting does give temporary relief in this affection if performed at the time of the greatest engorgement of the lungs, and before much deposition has taken place. It acts by relieving the heart's action, lessening the amount of load propelled by that overburdened organ, also by reducing the quantity of blood in the gorged capillaries; but this it can only do by withdrawing blood from the general circulation, and thus augmenting the risk of inducing a feebleness of the system like that of dyscrasia, and so making it more liable to deposit rather the granular, inorganizable matter than the healthy and organizable in the tissue of the lungs, with, of course, the most disastrous ultimate issue to the patient. However, if we had not specific medicines to administer, notwithstanding all that Dietl says, we should bleed in the first stage of pneumonia in all healthy persons as a general rule.

Let us, before passing to the third stage, recapitulate the characteristics of the second, technically called the stage of red hepatization. It consists of a deposit of an organizable, partially reticulated mass, and of granules in the air-cells, and ultimate air-tubes of the lungs. The organizable portion consists of a semifluid substance containing a quantity of half-dissolved, or suspended fibrine. The granules are peculiar bodies, from which *pus* is formed.

The third stage of the disease, or that of grey hepatization, consists in the transformation of this effused jelly mass more or less entirely into pus by the agency of these pus-granules. The origin of pus-granules is not known. Some physiologists† suppose them to be transformed blood-globule kernels; but this is

* *Op. cit.*

† Gendrin, Donn , &c.

extremely improbable. Professor Gluge,* in his short and admirable treatise on the blood, rejects this notion. He thus describes the appearance of a pus-granule when magnified 300 or 400 hundred times. "They consist of a whitish grey mass, somewhat elastic and of no great consistency; throughout the whole of this mass 4 or 5 dark points penetrate; these black points can be separated from the white pretty easily. The edges of the pus-granule are irregular, and slightly puckered (*gefrant*); they preserve their original form for 14 days. By what process these bodies are formed is not known." Corruption and death are as great mysteries as organization and life. As Jaques says—"From hour to hour we ripe and ripe, and then from hour to hour we rot and rot."

In a lung, which is the seat of red hepatization, the two processes are going on simultaneously, the formation of granules of pus, and the formation of organizable material. On the relative amount of the two actions depends the course and issue of the case. If all the effused material or the greater part were to be organized, we should have membranous tubes, as in croup, filling up the air-vessels and vesicles; and these might be permanent, and give rise to solidity of the lung which sometimes though very rarely remains after pneumonia. There is a preparation in the Hunterian Museum of Glasgow of the lungs of a dog quite solidified by a cartilaginous deposit, which is only a different form of this organizable substance. If, on the other hand, the whole effused substance become purulent, then the lung is disorganized, for pus acts like a foreign body, and induces the destruction of the parts it touches, negatively if not positively. Between these two extremes we have every variety, depending upon the extent of the lesion, the constitution of the patient, and various other modifying conditions too minute and numerous to specify.

We read constantly of the danger of tubercles supervening on pneumonia. Now, this termination is certainly not suggested by a study of the morbid anatomy of the diseases, and we find

* Anatomisch-microscopische Untersuchungen zur allgemeinen und speziellen Pathologie, von G. Gluge. Minden und Leipzig, 1839. † p. 17.

the highest authorities are against it. Louis,* the fountain of all our accurate knowledge regarding phthisis, very specifically rejects the notion after a most careful examination of eighty phthisical patients; and Grisolle,† who is an equally high authority on pneumonia, sums up the question with the following statements:—"I conclude, from what precedes, 1st. that phthisis does not immediately follow pneumonia except in very rare cases (less than one-thirtieth of the whole number); 2ndly. that even under these circumstances it is by no means proved that the tubercular affection is a consequence of pneumonia—all presumptive evidence goes on the contrary to support the notion, that the tubercles existed before the pneumonia, and have, perhaps, acted as its cause. 3rdly. that, in cases of exceeding rarity (since for my own part I have never observed such), where miliary tubercles appeared to form in hepatized lung, the pneumonia has then acted as the exciting, and by no means as the proximate cause. And I consider the diffusion of tubercles through the influence of pneumonia in persons simply predisposed to the disease, as an occurrence of great rarity. Thus, among 305 patients, whose cases I have analysed for this work, 22 presented those peculiarities of constitution which are commonly regarded as forming a predisposition to phthisis; besides, more than one-half of them had had one or more of their nearest relations cut off by phthisis, and yet all these individuals, without exception, recovered from the attack of pulmonary inflammation, and left the hospital perfectly restored to health. Nor did the pneumonia in these cases differ either in respect of its cause, its symptoms or its progress, from the ordinary pneumonia occurring in subjects not predisposed to the tuberculous affection."† The mutual corroboration of two such men as Louis and Grisolle, we look upon as finally settling the question, and we have no doubt it will relieve the anxiety of practitioners in treating this class of affection.

Practically the most important thing to consider now, is whether there are any means of recognising and arresting, or modifying the transformation of the red into the grey hepatization, or the transition of the second into the third stage. After

* Louis—*Researches on Phthisis*. 1846. p. 495, et seq.

† *Op. cit.*

a most careful examination of the subject, Grisolle* says—"I conclude, from all that has gone before, that the two first stages of pneumonia may be certainly diagnosed (*seront diagnostiqués sûrement*), and distinguished the one from the other, by the aid of auscultation, but that there exists at present no stethoscopic symptom, nor any character of the expectoration, by which we can affirm that the pneumonia has passed into the grey hepatisation." That it is impossible to recognise the third stage we do not affirm, but when so experienced a physician as Grisolle tells us he cannot do it, we should certainly receive with considerable doubt the contrary assertion, however confidently made, of all ordinary practitioners, be they allopathic, hydropathic, kinesipathic, homœopathic, odylopathic, or any other pathic that is, or is to be. A disease we cannot know we cannot treat. And, therefore, we look upon the third stage of pneumonia, or that in which the deposited material is undergoing its process of corruption, as beyond the reach of direct remedial appliances, just as much as morbid action occurring in a fœtus. Fœtuses die of pneumonia; but how are we to find it out? and if we did, how are we to affect it? All we can do is to improve the mother's health. The individual is to the pneumonic mass, undergoing development, in the relation of a parent to a child—he gave it birth, and gives it nourishment, but it lives upon him for itself.

Pneumonia terminates in recovery, more or less perfect, or death. The former is brought about by the absorption, in whole or part, of the deposited material into the mass of the circulation, where it is gradually eliminated by various processes, leaving the lung either perfectly sound or partially destroyed in structure, the cell walls being broken down and the affected part lastingly weakened, and, in consequence, always more liable to a fresh attack; or not ruptured but solidified, by the formation of a thickened membrane upon the air-cells and tubes.

Death by pneumonia is caused by suffocation. This does not imply a mechanical hindrance to the entrance of air into the lungs, it implies the arrest of the reciprocal action of the air

* *Op. cit.* p. 499.

upon the blood in the lungs. This impairment of the pulmonary function may arise from a structural change such as that caused by the pneumonic process, or by a change in the blood itself, or by a change in the innervation of the part. All these causes are combined in pneumonia: part of the lung is blocked up, in it the blood is not purified, because neither air nor blood pass through it. The rest of the lung is acting in most unfavourable circumstances. The blood is tainted, full of old globules not properly vivified, pus-globules, and the detritus of a corrupt lung. The lung, like every other organ and more than most, requires a full allowance of nervous influence (as is shewn by the phenomena of asthma, which depends upon a partial paralysis of the pulmonary nerves), but the nervous centres cannot be up to the mark if not properly nourished, and impure blood does not nourish them. Last of all the heart, that "*primum saliens et ultimum moriens*," becomes involved in the fatal concatenation, it continues to propel the blood till the last, but such blood as the lungs furnish is of no use, and acts as a poison on the brain, so that in this, as in all other kinds of suffocation, a man dies poisoned by his own blood, to use the words of Bichat. As it is of great consequence to the practical physician to have a clear idea of the phenomena of asphyxia, we may sum them up in the words of the late Professor J. Reid, who investigated the subject in the most full and satisfactory way, and cleared up many embarrassing discrepancies, and rectified much prevailing error:—

"We believe, then, that in asphyxia the order of succession in which the vital processes are arrested is as follows:—the venous blood is first transmitted freely through the lungs, and reaches the left side of the heart, by which it is driven through all the textures of the body; as the blood becomes more venous, its circulation through the vessels of the brain deranges the sensitive functions, and rapidly suspends them, so that the individual becomes unconscious of all external impressions. The functions of the medulla oblongata are infeeblled about the same period that the sensitive functions are arrested (delirium is always a bad sign in pneumonia), but are not fairly suspended for some time longer. Immediately after the sensitive functions are suspended, and the blood has become

still more venous, it is transmitted with difficulty through the capillaries of the lungs, and, consequently, begins to collect in the right side of the heart. A smaller quantity of blood must now necessarily reach the left side of the heart, and this diminution of the quantity of blood sent along the arteries, conjoined with its venous character, and the ultimate arrestment of the circulation, being circumstances incompatible with the manifestation of vitality in the other tissues of the body, general death is sooner or later induced." *

The indications for THE TREATMENT OF PNEUMONIA are extremely simple : we must find a medicine which has the power of arresting the first stage, that is of restoring the capillaries engorged with blood, and preparing to deposit the substances we have described as peculiar to this disease, to their natural state, and, at the same time, we should allay the sympathetic irritation of the system, on which the general fever depends. If we can arrest the progress of the engorgement, we quench the circumference of the conflagration, and we may leave the morbid matter which has been deposited to be disposed of according to the laws of morbid action. If we can find any medicines which act directly on the tissue of the lung, and produce this inflammatory action, then we may be satisfied that they will operate curatively in pneumonia. In considering the relative value of the different medicines we are about to cite, we must place much more reliance upon clinical experience in ascertaining their worth in this disease than in most others, for pneumonia offers so few unequivocal rational signs that we cannot certainly predicate of the effects of a medicine, as exhibited in its proving, that they are those of pneumonia. However, we need regret this the less as we have ample and undoubted clinical experience to assist us, and we may say that our knowledge of the treatment is now as perfect as our diagnosis of the disease. In the observations we are about to make, we have been much indebted to a series of articles that appeared in the first three numbers of the "*Homöopathische Vierteljahrschrift*," by its pains-taking editor, Dr. C. Müller, and we have no hesitation in using the materials he has presented, without ourselves verifying their accuracy by comparing them with the original sources whence he obtained them.

* *Edinburgh Medical and Surgical Journal*, vol. 55, p. 450, for the year 1841.

The only medicines which we propose to consider are Aconite, Bryonia, Phosphorus, and Tartar emetic. For on a careful perusal of the proving of the other medicines cited in Dr. Müller's paper, and the alleged cures of pneumonia by their administration, we come to the conclusion that the evidence for their being of such decided use as to warrant their employment in pure pneumonia was quite insufficient. Even Belladonna we do not admit although we have high testimony in its favour. This testimony, however, is qualified by the observation of its great utility in pneumonia occurring with scarlet fever, which entirely alters the case, and as in this paper we have refrained from noticing any other form of disease than pure pneumonia, we do not deem it expedient to enter into an investigation of the virtues of Belladonna in this complication. There would be abundance of material for another paper upon the complications of pneumonia and their treatment, and we trust some experienced physician may take up this subject. Our chief reason for rejecting the evidence in favour of the utility of Belladonna, Pulsatilla, Zine, &c., is the extremely bald narration of the cases in which they were said to be of use, and really we blush to record that out of a very large series of cases collected by Dr. Müller from the various Journals, there is hardly one in which the diagnostic signs of pneumonia are given in a way to satisfy a modern physician. To this general remark there are some honourable exceptions. Without further preface we shall consider the claims of ACONITE as a remedy in the first stage of pneumonia.

The proving of Aconite in the "*Oesterreichische Zeitschrift für Homöopathie*" by Dr. Gerstel, of Vienna, is so perfect that it leaves us nothing more to wish.

Experiments on animals prove that Aconite induces engorgement of capillary vessels generally. It was found by Dr. Prevost,* that if Aconite much diluted by water was brought in contact with the web of a frog's foot, contraction and afterwards dilatation, &c., of the capillary vessels ensued. These experiments are corroborated by others, and by many analogous facts.

* *Memoires de la Soc. de Phys. et d' Hist. Nat. de Genève*, t. vi., p. 1.

so that to begin with, we may say that Aconite tends generally to produce, *ergo*, to cure, capillary engorgement. Orfila* found in a dog poisoned with Aconite, that the lungs were thickened, condensed (*dicht*), of a brownish colour, and full of blood, and did not crepitate as in the normal state. We do not place much weight upon this observation, still it seems to indicate a certain tendency to local action in the direction of the lungs.

Most of the persons who proved Aconite experienced symptoms of its direct effect upon the lungs. Thus Dr. Böhm† after taking five drops of the tincture, among other symptoms felt a tickling in the larynx, which compelled him to cough, also frequent stitches in the middle of the sternum (a common place to feel pain when the lungs are affected, and not likely to be rheumatic). The following day he took ten drops, and felt an inclination to cough, and next morning he coughed up mucus streaked with blood. This we consider as almost an unequivocal evidence of the lungs being directly affected by the drug. Professor Joseph Von Zlatarovich‡ after taking 200 drops of the tincture for some time, had frequent inclination to sigh, from the distinctly felt collection of blood in the lungs.

It would be easy to multiply instances, but we should prefer that our readers would study this admirable proving for themselves, and we think that they will be convinced that Aconite does tend to produce congestion of the lungs, as well as general inflammatory fever, and that therefore it is *a priori* well suited to the treatment of the first stage of pneumonia.

The two following cases although in neither have the physical signs been observed, still seem to possess undoubted claims to our acceptance, as cures of pneumonia by Aconite.

A mason, 17 years of age, of strong constitution, presented the following symptoms:—throbbing headache, chiefly frontal; eyes bright, with contracted pupils, and over sensitive to light; face dark red, hot and puffed; dry lips, white coated tongue; bitter taste; much thirst; constipation; scanty bright red urine; respiration short, superficial, laborious; oppressive and painful pressure on the chest, especially under the sternum; cough frequent and short, with heavy blood-

* Toxicologie, 3 te. Auflage, Bd. 3, s. 59. † *Op. cit.* p. 31. ‡ *Op. cit.* p. 92.

streaked expectoration; stitches in the right side on inspiration, increased on coughing, deep-breathing and every movement; inability of lying on the side; continuous burning dry heat, with cold feet, preceded by rigors; pulse quick, full, hard; weariness and sense as if the body had been beaten; sleeplessness, anxiety, and restlessness. A drop of the 12th dilution of Aconite every four hours for six times. After the third dose, general perspiration set in, and after waking there was decided improvement in his condition. On the next morning the headache, thirst, oppression of breathing, and pressure at the heart, beaten feeling, anxiety and restlessness were all gone. There was an alvine evacuation, the urine deposited a sediment, there was a general transpiration from the surface, the pulse was slower and softer, the breathing calmer and freer, the cough less frequent, with a little pure slimy expectoration; he could lie upon the side, and the stitches were only felt on taking a full breath or coughing; appetite also returned. The following night he slept well, only coughed a couple of times, and went to his work the succeeding day.

This case is recorded by Dr. Gulyas, in vol. xix. of the *Hom. Archiv*, and we concur with Dr. Müller in his remark, that this rapidly cured and well described case makes us the more regret the absence of the physical indications of pneumonia.

The next case is by Dr. Trinks, of Dresden, whose name is in itself a guarantee for the correctness of the diagnosis.

A robust maid-servant, 30 years old, after being exposed to cold and wet, was attacked with severe rigors and stitches in the breast. The next morning the following symptoms manifested themselves:—dull stitching, pressing pain in both lungs, which obliged her to lie upon her back and prevented deep breathing; frequent short cough, with incessant inclination to it; great dyspnoea and anxiety, which would not let her lie still, and expressed itself in the countenance; face dark blue, puffed; pulsation in the carotids; dryness in the mouth and thirst; bloody taste in the mouth; general dry heat; pulse slow, (?) oppressed, small; drawing pain in the limbs. After a dose of the 24th dilution of Aconite, transpiration set in upon the first night; the breathing was freer; expectoration slimy and without blood; the pains in the limbs were gone. The case was finished by Bryonia.*

* *Annal. der hom. Kl.* 1. 21.

We are disposed to regard this as a case of incipient pneumonia, in the first stage of Dr. Stokes. If pneumonia at all, it was a wonderful cure, but far from incredible. Dr. Wurmb,* an excellent practitioner, expresses himself as convinced of the utility of Aconite in pneumonia, and that it does not merely allay the fever, but has a specific action upon the lungs. Dr. Buchner† also expresses himself satisfied of its usefulness. We should gladly avail ourselves of Dr. Müller's sensible concluding paragraph, had we space. We can only recommend his whole article to the attention of our readers.

If we admit, as we must, that Aconite is the proper medicine at the beginning of a simple pneumonia, the next thing to determine, is the dose. We find all doses, from the 1st to the 24th dilution, of use; and for our own part we usually employ the third, but can lay down no rule. We have ample facts to shew the efficiency of all dilutions, and none to shew the superiority of any.

BRYONIA.—Although its effects upon the digestive system, and upon the serous membranes and muscular tissue are much more prominent in the admirable proving published in the 3rd vol. of the Austrian Journal, yet we find unequivocal symptoms of its direct effect upon the parenchyma of the lungs; and we must remember, that owing to the slight general sensibility of these organs, and the great sensibility of those others affected by Bryonia, that it will require fine discrimination to pick out the pathogenetic signs of an effect upon the pulmonary tissue. The dumb sufferings of the lungs are not easily recognized amid the clamour of the stomach and bowels and muscles of all parts. The appearance of the lungs in a rabbit poisoned by it gave unequivocal evidence, however, of its direct action on these organs. This experiment was made by Loewy, of Vienna. After the animal had taken three successive large doses of Bryonia, it died; and on dissection, the lower half of both the lungs were found of a dark flesh-red colour; they did not crepitate, and sank in water.‡

* Hygea, ix. 1, s. 53.

† Hyg. xv. 6, s. 503.

‡ Oester. Zeitsch. für Hom. vol. iii, p. 96.

Among the provers, the most marked symptoms were the following:—Surgeon Huber, after taking Bryonia in large quantities for several days, describes that one day, about one o'clock, his respirations became greater while driving, and he experienced the feeling *as if the upper part of the chest were too tight*. (This is exactly the sensation given by a congestion of the lung, as we have frequently had opportunity of observing). The tightness of the chest, and a raw feeling under the sternum, increased to such a degree as to oblige him to alight from the carriage. Dr. Würstel, after the continued use of the medicine for some days, states, that one day, after he had taken twenty-five drops in the morning, he was affected in the forenoon with stifled breathing (*beklommenes athmen*), and a weight in the middle of the breast." This is either from congestion of the lungs, or from some effect on the nervous centres which Bryonia does *not* produce. "The saliva is twice mixed with clear blood." Taken in connection with the oppression of the chest, it is probable that the blood came from the lungs; at all events, it produced a hæmorrhage of some part of the mucous tissue which lines the respiratory organs; and as we pointed out before, the first stage of pneumonia is extremely analagous to the congestion which ends in hæmorrhage. This evidence for the direct effect of Bryonia on the lungs though scanty, is good—and we have such ample clinical experience of the utility of the drug, when administered in the disease, as to supersede the necessity of any more *a priori* evidence in its favour.

By far the most important book upon the treatment of any disease which has yet appeared in homœopathic, we may say in medical literature, is one by Dr. Tessier on the treatment of Pneumonia and Cholera. It is intitled—"Recherches cliniques sur le traitement de la pneumonie et du cholera suivant la methode de Hahnemann. Precedés d'une introduction sur l'abus de la statistique en medecine, par le Docteur J. P. Tessier, Medecin de l'Hôpital Sainte Marguerite (Hôtel Dieu Annexe), à Paris.—Bailliere. Our readers are no doubt already somewhat acquainted with this book through the able papers of Dr.

Ozanne, which appeared in the *Homœopathic Times*. What gives this book such immense importance in our eyes is, that it is the first time the system of homœopathy has been fairly carried out in a public hospital by a physician of the old school who had ample opportunities of comparing his former and later success, and who has given us such unexceptionable reports of every case he treated. It is utterly impossible for anyone who is capable of appreciating evidence, to gainsay the potency of this. The cases are admirably described,—how different would homœopathy be had all the homœopathic cases been so narrated! The total number of cases treated was 41; of these, 38 recovered and three died. He comes to the following conclusions:

“ 1. In all, the disease was making progress up to the moment of treatment.

“ 2. As soon as that had commenced, an aggravation ensued, which lasted in general less than twenty-four hours, and the remission began either partially or over the whole extent. From this time everything converged rapidly towards cure. Sometimes the amelioration began without previous aggravation, and went on without a check to perfect cure.

“ 3. The pulse shewed an extraordinary influence of the *Bryonia*. It was noticed to fall 20, 30 pulsations on the day of its administration; on the succeeding, 65 after it had risen to 110 or 120; it went down to the time of the resolution of the pneumonia, to 60, 50, 44. I saw it fall to 36 in an individual, the history of whose case is not given. I have seen it fall from 120 to 80 in the interval of the morning and evening visit, to go down to 60 the following morning.

“ 4. In the case of old people who had passed whole weeks previous to treatment, and in whose case the termination by induration appeared to be inevitable, this result did not occur in one single case; all that was observed, was that the disappearance of the physical signs was somewhat protracted.

“ 5. Lastly, suppuration did not take place in one in whom it had not begun before the commencement of treatment. In the case of several it appeared to be limited; in one case alone it was neither prevented nor arrested, (in my view the two

brought in in agony of death are not to be taken into account (a mes yeux les deux agonisants sont hors de cause.)"

We have made out a table showing the number of days each was under treatment, and how long the patient had been ill before he was treated.

Cases.	Entered.	Under treatment.	Dismissed.	Days ill before entrance.
1st	Nov. 19th	33 days	December 21st	9 or 10
2nd	Dec. 1st	33 do	January 2nd	7
3rd	Dec. 1st	34 do	January 3rd	4
4th	Dec. 14th	21 do	January 3rd	8
5th	Dec. 24th	8 do	{ Remained in hospital, } { though well, on 1st Jan. }	1
6th	Dec. 21st	14 do	January 3rd	3
7th	Jan. 10th	20 do	February 7th	4
8th	Jan. 24th	36 do	February 28th	7
9th	Jan. 24th	15 do	March 7th	15
10th	Jan. 29th	29 do	February 26th	3
11th	Jan. 29th	28 do	Died	12
12th	Feb. 6th	17 do	Improved	1
13th	Feb. 7th	27 do	March 4th	3
14th	Feb. 15th	21 do	March 6th	5
15th	March 20th	43 do	May 2nd	15
16th	April 8th	30 do	May 7th	4
17th	April 29th	19 do	May 17th	1
18th	May 16th	12 do	May 27th	2
19th	July 7th	12 do	July 18th	3
20th	July 10th	14 do	July 24th	6
21st	July 11th	11 do	July 21st	1
22nd	July 14th	11 do	July 24th	3
23rd	August 30th	14 do	September 12th	1 night
24th	Sept. 18th	18 do	October 5th	4
25th	Sept. 28th	17 do	October 14th	1 night
26th	Sept. 23rd	10 do	October 2nd	2
27th	Oct. 14th	18 do	October 31st	1
28th	Oct. 18th	20 do	November 6th	5
29th	Oct. 25th	13 do	November 6th	5
30th	Nov. 20th	10 do	December 11th	1
31st	Dec. 9th	52 do	January 29th	6
32nd	Dec. 30th	73 do	March 12th	6
33rd	Jan. 29th	8 do	March 13th	5
34th	April 24th	17 do	May 10th	4
35th	July 10th	20 do	Died of another disease	5
36th	July 14th	26 do	August 8th	4
37th	August 21st	23 do	September 17th	4
38th	Sept. 6th	34 do	October 10th	1

In almost all Tessier's cases, Bryonia at the 24th dilution was the sole, or nearly the sole medicine; in some Aconite was given before Bryonia. That they establish beyond the possibility of a doubt the great efficacy of Bryonia in this disease is certain;

it may still, however, be a question, whether the frequency of the aggravation he noticed would not have been avoided by some doses of Aconite. It is a frequent practice to give Aconite and Bryonia in alternation, and although it is a mode of procedure at variance to the strict injunctions of Hahnemann, it certainly has much to recommend it. It is our usual method in cases of pneumonia and pleurisy to give these two medicines alternately, and we are disposed to think that the results were more favourable than if either had been given alone. We have no space to enter into an apology of this, but we think we could shew, from physiological principles, that it is not so inexcusable in practice as it at first appears. And, certainly, the two medicines do *not* counteract each other.

We have the same remark to make upon the dose of Bryonia as upon that of Aconite. We do not know any facts proving the superiority of any dilution. Tessier used the 24th; we generally use the 3rd or the 6th. Perhaps both are right. We can see no clue to the solution of this question in the effects produced upon those in health by different doses, as suggested by Dr. Black.

The adaptation of PHOSPHORUS to pneumonia can be established both by the proving of the medicine, and its extensive and most successful application. The fumes of Phosphorus produce an affection of the mucous membrane of the bronchial tubes, since cases of this kind, which occurred in La Pitié, are related by Gendrin; and in the following case the inflammation seems to have affected the smaller bronchia, and nearly approached pneumonia. The case is related by Bibra and Geist* :—

“ John Zitman, 52 years of age, large, lean, but well built, broad chested, strong constitution, without any disposition to phthisis; was for three-quarters of a year in a lucifer-match manufactory, and chiefly employed with dipping the matches (Tunken der Hölzchen); soon after beginning the work he was attacked with a dry cough, which disappeared under a warm regimen and diaphoretic drinks. In the course of half a year he became ill of the same affection which,

* Die Krankheiten der Arbeiter in den Phosphorzündholzfabriken von Dr. V. Bibra und Dr. Lor. Geist, Erlangen, p. 11, 1847.

however, was now more severe, and obliged him to quit his work, On examining him, the face was red and congested, the brow covered with sweat, the tongue coated, the taste nauseous; there was frequent desire to cough, with flying stitches under the sternum, and the right side of the thorax, with a continual tickling and scratching feeling at the bifurcation of the bronchi, anxious, short and quickened breathing, with heaving of the whole thorax, but more especially of the left side. The percussion elicited a clear sound in the middle of the right side; auscultation shewed extensive mucous râle with *pectoriloquy*. The pulse was quick, small, hard, the skin dry and hot, much thirst, great weakness and prostration."

Although the narrator calls this a case of bronchitis, it seems to us manifestly one of hepatization of the lungs, for without this or previous chronic disease we are not aware of *pectoriloquy* ever taking place. The physical signs are somewhat anomalous no doubt.

We do not think it necessary to quote from Hahnemann's *Materia Medica* the symptoms which correspond to pneumonia, as the book is in the hands of all our readers. The short frequent cough, with sense of oppression at the chest, and expectoration of mucus streaked with blood, in combination with fever-symptoms point unequivocally to the direct action of this substance upon the lungs. It is by the steady persevering use of this remedy, and of this one alone, that Dr. Fleischmann has acquired such celebrity in the treatment of pneumonia. Up to the year 1844 he, and his pupil Dr. Reiss, of Linz, had treated in all 379 cases, and had lost only 19, or 1 in 20; the last 44 of Fleischmann, and 34 of Reiss having all recovered. Dr. Fleischmann is frequently blamed for what is called routine practice, but we must recollect that pneumonia is a routine disease, running a definite course, depending, as we have shewn, upon certain simple and constant structural changes, and we see no reason why there may not be a specific for all cases of simple pneumonia occurring in healthy persons. And, for our part, we greatly prefer an undeviating adherence to a remedy which on the whole suits the disease, than a striving after something which seems to correspond to every little symptom of the individual case. We have seen some very remarkable examples of the efficacy of Phosphorus in this disease; for the particulars of the

following case we are indebted to Dr. Black, in the accuracy of whose memory we have the greatest confidence:—

I perfectly recollect, he says, the general features of a case of pleuro-pneumonia, treated in the Edinburgh Dispensary, in the spring of 1842, though I do not remember the details. The patient was a middle aged apparently healthy man, and on examination there were all the physical signs of pneumonia of one side, with great fever. We gave him Aconite, and sent him home in a cab. Next day the fever still ran high, and there was *no* improvement. As we had brought the Tincture of Phosphorus with us, by mistake for the first dilution, we gave him a drop or two of that in a cup of water, of which he was to take some every one or two hours. During that night the dyspnœa had so increased after every dose of the medicine, and he became so alarmingly ill, *that extreme unction was administered*. At our visit next afternoon we were surprised to find the patient so much better, the *pulse nearly natural*, no dyspnœa, respiration natural, but still little or no diminution in the physical signs. He made a rapid recovery. What impresses the case on my memory was the aggravation of the strong dose of Phosphorus, the speedy relief afterwards, and rapid disappearance of all rational signs without any diminution of the physical.

We beg our readers to pay particular attention to this most important case, it is full of instruction. We shall conclude our notice of Phosphorus by quoting Dr. Fleischmann's words :

I used formerly to employ the ordinary remedies, Aconite, Bryonia, Cannabis, &c., in pneumonia, and that with considerable success, but each of those remedies is adapted only to particular cases, or rather to particular shapes of the disease. Thus it happened that besides the difficulty I experienced in discovering the medicine adapted to the particular case—which is no easy matter—I was frequently left in a state of disagreeable uncertainty as to the remedy which had effected the cure. Now, however, I have attained much greater certainty, since for the last year and a half I have administered no other substance than Phosphorus in every case of pneumonia, under what form soever it might present itself; and I think I may, with perfect confidence, pronounce it to be a true specific. * * * * *

I have seen the most violent cases of pneumonia in every variety

of constitution and season, come to a happy issue by the sole employment of this remedy; cases in which almost two-thirds of one lung were hepatized. * * * I administered the Phosphorus dissolved as Hahnemann recommends, in Æther, (* * *) only quantitatively stronger—10 grs. or drops to 100 of sugar of milk or alcohol. The formula I employ is:

Rx. Phosph. 3—6 gtts. iv—viii. Aquæ distil. ʒii—iv.
A spoonful to be taken three to six times daily.*

TARTRATE OF ANTIMONY was introduced into therapeutics as a cure for pneumonia by Rasori, who gave it in very large doses, and since his time it has been generally used by the old school. Of its specific action upon the lungs there can be no doubt. Magendie, in a memoir, entitled, "*L'Influence de l'Émetique sur l'homme*, 1833," describes its effects thus: "The lungs present the appearance of the greatest alteration: they are of an orange colour if the animal is young, violet if it is older; *the tissue is hepatized*, gorged with blood at some parts, and at others very analagous to the tissue of the spleen." In whatever way introduced "*it acts specifically in inflaming the lungs and the mucous membrane which lines the intestines from the cardia to the anus.*" Lepelletier, who has written an excellent monograph upon this drug,† observes, "Its effects on the respiratory organs is to produce dyspnœa in dogs which were in perfect health before its administration, the lungs were found hepatized, lost their colour, and scarcely crepitated at all. One would imagine that admitting its action in man to be similar, far from being useful, its administration would be *particularly pernicious* in the treatment of pneumonia; but it is not so, for we shall see that far from favouring engorgement of the lung, it induces its resolution."

Out of 652 cases of pneumonia treated by Rasori, in the Civil Hospital, 505 recovered, 147 died, giving a mortality of 22 per cent. Of the whole number 1 in 16 were bled. In the Military Hospital 180 were treated, 154 recovered, 16 died, giving a mortality of 14 per cent. The proportion bled was 1

* B. Journal of Homœopathy, vol. ii, p. 45.

† De l'emploi du Tartre Stibié, à haute dose, par Alm. Lepelletier de la Sarthe.

in 16. Ambroise Laennec treated 40 cases after Rasori's plan, in the Hotel Dieu de Nantes; of these 1 died out of every 13, giving a mortality of 8 per cent. We may here introduce a curious table by Dietl,* giving the comparative results of blood letting, Tartrate of antimony, and nothing.

TABLE

Of the Numerical Results of the Treatment of Pneumonia.

A

Of pneumonia there were treated with Venesection 85 patients.
 " " large doses of Tart. antimony 106 "
 " " diet alone 139 "

	With Bleeding.	With large doses of Tart. Antimony.	With Diet alone.
<i>B</i>			
Of these were cured	68	84	175
" " died	17	22	14
Mortality	20 . 4 pr. ct.	20 . 7 per cent.	7 . 4 per cent.
<i>C</i>			
The fever lasted—			
a) from 5 to 9 days in	41	66	140
b) " 14 .. 21 "	27	18	35
The average duration of fever	11 . 1 days	9 . 2 days	9 . 1 days
<i>D</i>			
Convalescence lasted—			
a) from 5 to 21 days in	30 patients	62	133
b) " 22 .. 60 "	38 "	22	42
Average duration was	28 . 9 days	20 . 3	19 . 7
<i>E</i>			
The whole duration of the pneumonia was—			
a) 10 to 30 days in	27 patients	54 patients	119 patients
b) 30 .. 60 "	41 "	30 "	56 "
The average	35 days	28 . 9 days	28 days
<i>F</i>			
Inflammation of both lungs occurred in	10 patients	6 patients	11 patients
Left lung	28 "	41 "	73 "
Right lung	47 "	59 "	105 "
<i>G</i>			
Of inflammation of both lungs there died	4 patients	1 patient	2 patients
Right lung	9 "	11 "	9 "
Left lung	4 "	10 "	3 "

* *Op. cit.* p. 122.

TABLE OF NUMERICAL RESULTS Continued.

	With Bleeding.	With large doses of Tart. Antimony.	With Diet alone.
<i>H</i>			
In the stage of red hepatization, died	5 patients	11 patients	7 patients
Grey hepatization	7 "	7 "	3 "
Purulent disorganization ..	5 "	4 "	4 "
<i>I</i>			
Of pneumonia without all complication, died	7 "	2 "	
With complication	10 "	20 "	14 "
<i>K</i>			
There died from the ages of			
10 to 20 years	1 "	1 "	
20 " 30 "	1 "	2 "	1 "
30 " 40 "	3 "	1 "	
40 " 50 "	3 "	3 "	2 "
50 " 60 "	4 "	4 "	3 "
60 " 70 "	4 "	6 "	5 "
70 " 80 "	1 "	5 "	3 "

We have now collected and arranged all the materials at our command, which seemed to us to throw light upon the nature and treatment of pneumonia, and we must leave to each practitioner to select the particular remedy for each particular case. We may add, that we have not ourselves been able, either from an examination of the proving, or of the recorded cases of treatment, to arrive at the pathognomonic signs for determining a selection among the substances we have enumerated, nor do we expect to obtain such certain indications until we have full, careful, and copious narrations of a great many cases, such as those given by Tessier, by which we may arrive at data enabling us to decide whether Aconite, Bryonia, Phosphorus, or Tartrate of antimony are the most certain and rapid in their action; we confess our own predilection for Phosphorus. In the mean time we may conclude by observing of these remedies, as Goëthe did of himself, that Germany instead of contending whether he or Schiller were the greater, should be very thankful that she had two such men to contend about. We may be very thankful we have four such remedies to choose among in pneumonia, as Aconite, Bryonia, Phosphorus, and Tartrate of antimony.



