

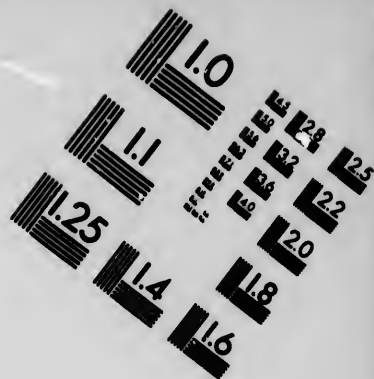
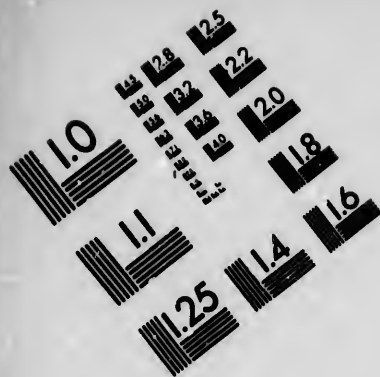
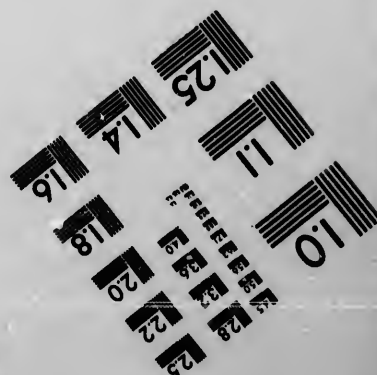
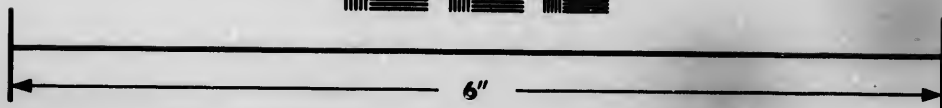
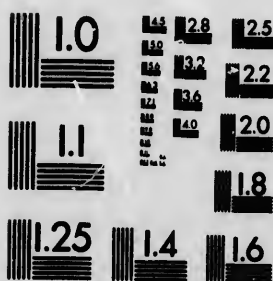


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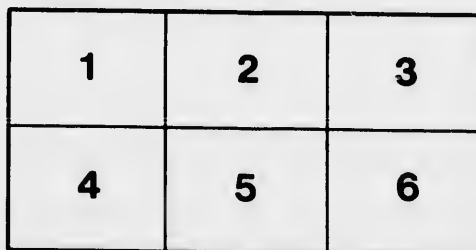
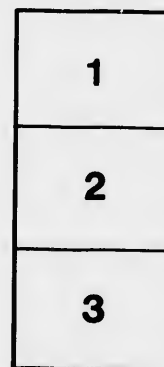
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MONTREAL TRACTS ON HOMŒOPATHY.—No. 6.

CONGESTION OF THE LUNGS

AND

ITS DANGERS,

BY

THOMAS NICHOL, M.D., LL.D., D.C.L.,

MEMBER OF THE COLLEGES OF PHYSICIANS AND SURGEONS OF ONTARIO
AND QUEBEC; MEMBER OF THE AMERICAN INSTITUTE OF HOMŒO-
PATHY; CORRESPONDING MEMBER OF THE HOMŒOPATHIC MEDI-
CAL SOCIETY OF PENNSYLVANIA; ONE OF THE CONTRI-
BUTORS TO *Arnott's System of Medicine, based upon
the Law of Homœopathy*; AUTHOR OF *A
Treatise on Diseases of the Larynx and
Trachea in Childhood.*

Montreal:
THE MONTREAL HOMŒOPATHIC PHARMACY,
140 MANSFIELD STREET.
1889.

PRICE, 10 CENTS.

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Next year I purpose celebrating THE CENTENARY OF HOMŒOPATHY by publishing *Hahnemann, the Discoverer of Homœopathy*, being No. 7 of the *Montreal Tracts*.

THOMAS NICHOL, M.D.

140 Mansfield Street, Nov. 11, 1889.

FIRST ANNUAL REPORT OF THE MONTREAL HOMŒOPATHIC DISPENSARY.

(From October 1, 1888, to September 30, 1889.)

Immediately on organizing, it was discovered that the original idea, namely, a Dispensary for children only, was too narrow, so adults were at once admitted. Then we found that Dispensary patients liked to come at any time that suited them, so they are now seen at any hour of the day. Lastly, we saw that an Outdoor Department was an absolute necessity, so since October last we have seen patients at their own homes regularly.

During the year we saw 249 patients at the Dispensary and made 591 visits to patients at their own homes.

Of course it will be distinctly understood that the Dispensary is NOT open to those who are able to pay.

THOMAS NICHOL, M.D.

WILLIAM NICHOL, M.D.

The Montreal Homœopathic Dispensary,
140 Mansfield Street, October 1, 1889.

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CONGESTION OF THE LUNGS AND ITS DANGERS.

No organ in the human body, with the single exception of the brain, is so frequently the seat of congestion as the lungs. In these all-important organs it occurs in various degrees, sometimes in the most insidious manner, sometimes developing itself with extrema rapidity, and, in the strong language of Rokitsky, it is "*the anatomical basis of most sudden deaths.*"

And yet, strange to say, this most serious morbid state is but little mentioned in medical text-books. It is wholly omitted in Russell Reynolds' *System of Medicine*, the choicest product of the British medical mind of our day; it is overlooked in Aitken's *Science and Practice of Medicine*, which is the text-book for the medical officers of the British army, though soldiers are notoriously prone to congestion of the lungs. Sir Thomas Watson—the Macaulay of British Medicine—does not mention it in his classic *Lectures on the Principles and Practice of Physic*; it is unnoted in Dr. George B. Wood's *Practice of Medicine*, for many years the leading text-book in the medical schools of the United States. It is omitted in Strümpell's *Text-book of Medicine*, now the text in the Medical Department of Harvard University; no mention of it is made in Dr. Charles Hilton Fagge's *Principles and Practice of Medicine*—the best medical work of our day written by one author. It is unnoticed by Graves, Copland, Eberle, Good, Hooper, Forbes, Tweedie, Da Costa.

Brief and unsatisfactory notices of this morbid state are given by Eichhorst, Roberts and Cammann, and the only really good articles on this important subject are the one by Dr. Hertz in Von Ziemssen's *Cyclopædia of the Practice of Medicine*, and

that by the lamented Felix Von Niemeyer in his *Text-book of Practical Medicine*.

But, as a matter of course, the writers of special treatises on the lungs make up for the deficiencies of their brethren—the writers on the Practice of Medicine. They do nothing of the kind. It is not even mentioned by W. W. Gerhard, William Stokes, Austin Flint, Germain Sée, A. T. H. Waters and Douglas Powell.

Surely the writers on the diseases of children give full and exhaustive accounts of what even the laity begin to recognize as a grave morbid state. It is wholly unnoticed by Churchill, Ellis, Steiner, West, Vogel, Condie, Bouchut, C. D. Meigs, J. F. Meigs, Dewees, Clarke, J. Lewis Smith, Eustace Smith, Coles, Underwood, Henoeh, Harris, Day, Evanson and Maunsell, Tanner and Meadows, Meigs and Pepper, Goodhart and Starr, D'Espine and P'icot; and the homœopathic writers, who ought to know better, are just as deficient, for it is not mentioned by Hartmann, Minton, Duncan, Laurie, Guernsey, Edwards, Underwood, Thomas, Hartlaub, Ruddock, Williamson or Teste. Scudder, the eclectic writer, joins his homœopathic brethren in this as well as in many other things.

As the natural result of this most culpable neglect on the part of medical teachers and writers, very many practitioners, even when well educated and well-read, know curiously little about congestion of the lungs; and this very year, one of the most brilliant medical writers on this continent frankly confessed that, "the asthenic pneumonias and passive congestions, which are so frequently found affecting the aged, have been conducive to mistakes in my practice to a shameful degree."

Some of the chiefs utterly fail to grasp even the nature of this morbid state. Thus a few years ago, when a lady made some remarks on this subject to the leading (allopathic) physician of one of our largest Canadian cities, that medical luminary replied; "*Yes! what we used to call inflammation of the lungs we now call congestion.*" Yet the speaker was a man of most decided ability, recognized by all as possessing rare gifts in his

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calling. Now, if such a man held such grossly erroneous views, what must be the state of the rank and file of the profession?

A few years ago I had a conversation with a retired English practitioner, familiar with London Hospital practice, in the course of which I placed before him the modern views of congestion of the lungs. After a good deal of thought he remarked, that the morbid state I had just described to him amply explained a number of fatal cases which he had seen many years before in England, some of them very sudden, the true nature of which was not understood at the time. In fact, all of them were attributed to heart disease, which even to-day is vulgarly held to be the cause of almost all sudden deaths.

I do not remember a single allusion to this morbid state in all the lectures of my student days, and even the lecturers on Clinical Medicine in Pennsylvania Hospital—Drs. George B. Wood and W. W. Gerhard, both distinguished for their knowledge of pulmonary disease—made no mention of it whatever; and so it came to pass that when I commenced practice I knew nothing whatever of congestion of the lungs. I had a fair knowledge of congestion in general, and also of congestion of the brain and other internal organs, but of pulmonary congestion I was grossly ignorant.

Soon after I commenced practice, a medical friend, now deceased, belonging to the dominant school, requested me to see a case of his in consultation. The patient was a strong, athletic man in the prime of life, who had been suffering from *delirium tremens*, but who was now convalescent—at least from that disease. He had carelessly gone into his garden, insufficiently clad, and had evidently taken cold. We found him with a weak, fluttering pulse, cool skin, covered with cold sweat, cold extremities, difficult breathing, muffled cough. On examining we found that scarcely any air entered the lungs, while the tired heart tried in vain to propel the blood through these organs. It was an entirely new morbid state to me, and my friend, who was many years my senior, admitted that he had not noted it before. We turned the case thoroughly over in our minds in the light

of physiology and general pathology, and came to the conclusion that the lungs were completely dammed up with blood, that, in fact, the man had congestion of the lungs. My friend prescribed according to the light we had, but the man died in spite of very close attention. We looked up all the books and journals in our libraries, but found no ray of light from what was really a good collection of medical literature.

Not long after this case, which made a deep impression on my mind, I was called to see a young woman, who had been taken suddenly ill with what the messenger called *a severe cold on the lungs*. I found that the morbid state was entirely similar, though not so severe, as the fatal case I had so lately witnessed. I prescribed a remedy famous in our school for its power over congestion in general, giving it in a rational dose, singly and alone, and had the satisfaction of seeing the formidable symptoms change with the rapidity of a scene in a theatre. The breathing became easier, the coldness of the hands and feet gave way to the natural warmth, the pulse became fuller and firmer, a profuse perspiration set in, and the patient was safe. Congestion of the lungs became to me, and also to my friend, a well-recognized morbid state, calling for a well-defined treatment and eminently responsive to that treatment.

In the following pages I intend describing the acute form of this morbid state, as well as the slower and more insidious one which eventually becomes chronic, and I think that I must describe *pulmonary catarrh*, which is a closely allied and still more serious form of disease; and as I am writing for non-medical readers, I will do my utmost to place this important phase of disease before them in the clearest light and in the plainest language.

There are, then, at least four tolerably distinct phases of disease which come under the general head of congestion of the lungs. These are: active congestion, passive congestion and obstructive congestion of the lungs, and, lastly, pulmonary catarrh.

ACTIVE CONGESTION OF THE LUNGS.

Virchow defines this to be "a rush of blood" to these organs, and he considers that the arteries are chiefly affected. It consists in such a determination of blood to the lungs that breathing is more or less interfered with, together with cough, and at times hemorrhage.

This state results from any cause capable of producing a flow of blood towards the lungs. Exposure to cold is undoubtedly the chief cause, and it is directly responsible for many sudden deaths. Take the following case, reported in the *Montreal Witness* of Feb. 9th, 1889, and appropriately headed, "From exposure during Carnival":

"A fatality, which in a way was attributable to the Carnival festivities, was investigated yesterday, by a Coroner's jury. Mrs. Mercier, a hale and hearty old lady of 76, had hitherto enjoyed the best of health. She had, however, delayed too long on the streets watching the crowds of people which filled the thoroughfares in the West End, and was fatally seized with illness as she was leaving the up-town branch of the Jacques Cartier Bank. Dr. Bouchard, who was called in, gave it as his opinion that death was attributable to congestion of the lungs, brought on by exposure to the inclement weather, and the jury returned a verdict in accordance with the medical testimony."

Violent exercise, loud and prolonged speaking, even mental emotion, the taking of cold drinks when the individual is heated and perspiring, running and dancing are other exciting causes. All these act by causing a sudden recession of blood from the surface of the body, resulting in a concentration of that fluid in the pulmonary organs.

Active congestion of the lungs appears, as a rule, in healthy, even plethoric individuals, but it must not be forgotten that this state is very common in persons in whom the mass of the blood has been greatly reduced by hemorrhage.

A certain amount of active congestion always precedes inflammation of the lungs, and, moreover, hemorrhage and dropsy of the lungs both imply a previous condition of congestion.

In active congestion of the lungs there is an abnormally active circulation in the part, together with an increased quantity of

blood. At first the minute blood-vessels, called capillaries, contract, and this contraction is accompanied by an increased flow of blood to the part. But soon the contraction ceases, and the capillaries become much larger than in health. A greatly increased amount of blood now passes through these capillaries, and the increased number of blood-disks gives the affected part a ruddy hue. A slight congestion is accompanied by increased function of the part, while a decided congestion is accompanied by increased heat and increased enervation. In all cases the action of the heart is increased, and the arteries are the chief seats of the morbid state—as a rule the affected vessels are relaxed.

Acute congestion of the lungs may insensibly change into the passive form, and this is by no means uncommon.

The latest view of this morbid state, and one which the present writer most firmly upholds, is that in congestion of the lungs, and, indeed, in all congestions, a kind of paralysis affects the walls of the blood-vessels. The vaso-motor nerves, the nerves which control the dilatation of the blood-vessels, are paralyzed, and the enlargement of these vessels is the natural result.

To the French pathologist, Andral, belongs the credit of having first (1829) described the general character of congestion of the lungs, and for many years the French had a kind of monopoly of knowledge in this morbid state. Still another Frenchman, Woillez, demonstrated (1851) that congestion of the lungs produces an enlargement of the chest.

Generally speaking, it may be said that congestion of the lungs is most frequent in young men, also in speakers, singers, and performers on wind-instruments.

Congestion of the lungs usually begins suddenly, and is preceded by a chill. This preliminary chill may be a mere feeling of coolness, or it may be a true shaking chill like that of intermittent fever. This initial stage may extend over several days, the chilly feeling alternating with flushes of heat, or it may be merely a vague but very real feeling of discomfort. Then comes a pain in the lungs, generally in the side. At times this

pain may be so slight as only to be felt on making very deep inspirations, and I have seen many cases in which pain was wholly absent. It is often accompanied by rheumatic pains in the muscles of the chest, and at times the pain is distinctly neuralgic, following the course of the nerves—the pain is always made worse by breathing.

Fever is now present, generally slight, and never lasting longer than forty-eight hours. The pulse is small and thready, running 90 to 100 to the minute, seldom higher. I have never noted the thermometer to register more than $102\frac{1}{2}^{\circ}$, and the temperature is often much lower.

Difficulty of breathing is one of the leading symptoms, and this varies from a very slight feeling of uneasiness to an oppression so severe that the patient can hardly breathe at all. The respirations run 40, 50, or even 60 to the minute, and in one extreme case they numbered no less than 180. Curiously enough, the pulse is not correspondingly rapid, and hence congestion of the lungs has often been mistaken for asthma.

Cough is often entirely absent, and it seems to depend more upon bronchial irritation than on the pulmonary congestion. It is quite certain that the greater part of the lungs may be congested without causing any cough whatever, and I look upon a cough as a favourable indication.

Expectoration is absent in the beginning of the attack; later it resembles the sputa of an ordinary bronchial cough. Probably Virchow's view is correct, that the expectoration simply conveys away from the congested lung a great part of the noxious matters with which it is clogged. The expectoration is sometimes streaked with blood, and hemorrhage is by no means rare in sudden congestion of the lungs—the blood simply bursting through the distended vessels. This often gives rise to a suspicion of consumption, but by good homœopathic treatment the vast majority of these patients are restored to health. But if the hemorrhage is extensive, organic disease of the lungs is probably present.

There is a violent form of congestion of the lungs, which

develops rapidly, and threatens life with most unexpected suddenness. The hurried breathing cannot be counted with accuracy, and the fulness of blood in the lungs causes choking with fear of death. Blood is often coughed up. The heart beats furiously, and the arteries throb as if they would burst. The serum of the blood passes through the walls of the blood-vessels and fills up the air-vesicles, so that the blood is soon loaded with carbonic acid.

On February 15th, 1889, I was telegraphed to go to a lady, residing in one of the suburbs, who was said to be very ill. I found her in complete collapse. The face, and especially the nose and ears, were as cold as a corpse, and covered with a cold sweat. The limbs, too, were cold, and this extended even to the upper part of the thigh. The lungs were so filled with blood that respiration hardly took place, while the heart, worn-out with trying to force blood through the congested lungs, lay back exhausted. The patient was dying. I gave the tried and trusty remedy which we owe to the genius of Hahnemann, and in two hours the patient was safe. The death-like coldness passed away, a certain amount of blood passed out of the pulmonary blood-vessels, the heart resumed its functions, natural respirations succeeded the gurgling choking. I saw the patient but five times, and dismissed her on the 21st. *Similia Similibus Curantur.*

Not all of these cases terminate so fortunately, for the blood may burst in very large quantity into the substance of the lungs, completely filling them, and almost certainly causing death.

Many years ago, a medical friend of mine got just such a case, of such a threatening aspect that he prudently requested a consultation. We found the congested lungs packed full of escaped blood, and we were quite certain of this, although no hemorrhage had taken place. Within an hour an enormous gush of blood took place, and the man died at once.

As in the case of Mme. Mercier, already quoted, acute congestion of the lungs may prove fatal in a few hours. As a rule, however, it lasts from two days to a week, and very much depends upon the prompt recognition of the disease and upon the treatment adopted. If the morbid state is recognized at once, and an enlightened homœopathic treatment instituted without delay, then the cure is prompt and satisfactory. If the disease is overlooked till it has reached an advanced stage, then

recovery, if it takes place at all, will be slow and imperfect. But if the disease is not recognized at all, and the number of unrecognized cases is literally legion, then the patient runs great risk of his life.

In any case a chronic congestion may supervene, and in time the condition will closely resemble pulmonary consumption.

A favorable sign is a copious expectoration of a watery, frothy nature, and an increased secretion of urine is a good omen. I have seen relief follow a small hemorrhage, which disburdens the distended blood-vessels, but this is often followed by a chronic congestion.

The *temperature* is but little elevated, rarely exceeding 101°, or at most 102°, and indeed one of the chief distinctions between this morbid state and inflammation of the lungs is the high fever which is part and parcel of the latter. In very many cases the temperature is below the normal, especially towards the close of the illness.

On examining an ordinary case of congestion of the lungs with the stethoscope, it will be found that the breathing is rough, with, perhaps, a little additional mucus in the lungs. This is the state at the beginning, but further on the ordinary respiration is almost completely abolished in the congested parts. Indeed, *feeble breathing* is the most important physical sign of all the forms of congestion of the lungs. In the words of Cammann, the inventor of the double stethoscope, "*the lung contains more blood and less air than normal.*"

On post-mortem examination the lungs are found to be redder than natural, and they certainly contain more blood. At times you find minute hemorrhages into the substance of the lung, but this chiefly when the congestion is local and severe. As a rule the mucous membrane of the bronchial tubes is injected.

Inflammation of the lungs is almost the only disease with which congestion of the lungs is at all likely to be confounded; but in pneumonia the access of the disease is gradual, while in congestion of the lungs the attack is sudden. In pneumonia cough is frequent and constant; in congestion of the lungs it is

at all times slight, and is often entirely absent. In pneumonia the expectoration is somewhat scanty, plum-colored in hue, and so tenacious as to adhere to the bottom of the cup, even when reversed; in congestion the expectoration is transparent, and only occasionally tinged with blood. The fever of pneumonia is marked by a high temperature, rarely under 105° ; that of congestion is evanescent and rarely exceeds 102° . Lastly, in pneumonia the signs obtainable by auscultation are almost invariable; in congestion they vary almost infinitely.

Under efficient homœopathic treatment, the prognosis of acute congestion of the lungs is extremely favorable. In thirty-six years I have seen but two fatal cases under homœopathic treatment, and both had been grossly neglected. But it must be understood that repeated attacks modify this favourable statement very much, for they are serious matters in children, especially when scrofulous, and in young people, especially in young women. A history of consumption in the patient's family makes a gloomy prognosis, for consumption often follows repeated attacks. Poverty is a serious hindrance to rapid and permanent recovery.

It is most astonishing to read in the *Reference Handbook of the Medical Sciences* (vol. iv., p. 589), a practitioner of Dr. Donald M. Cammann's eminence recommending the following treatment:—"Cupping should be practiced over the seat of the hyperæmia or over the whole chest, for the purpose of diminishing the supply of blood to the lungs. Dry cups should be applied if the patient is feeble and gives evidence of exhaustion, but wet cups should be used for plethoric patients. Hydragogue cathartics are beneficial. The dyspnœa and feeling of anxiety may be relieved by steam inhalations and the application of mustard to the extremities. A hot-air bath relieves the overloaded pulmonary vessels, and often gives relief from distressing symptoms." How different from this cumbrous and antiquated treatment is the prompt simplicity of the homœopathic therapeutics!

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While I write this (Oct. 7th) I am attending a case which affords an admirable illustration of this fact. On the afternoon of Oct. 5th, I was called to see Alice B., aged nine years, residing in the upper part of the city. I found an undoubted case of acute congestion of the posterior part of the left lung, a typical case with all the physical signs and vital symptoms. The temperature was 101°, though the mother, who possesses the gift of a knowledge of homœopathic treatment, had given the correct remedy pending my arrival. On the forenoon of the 6th the amendment was so marked, that keeping the patient in bed was a mere measure of precaution, and the patient was dismissed fifty-two hours after the commencement of treatment.

A patient suffering from acute congestion of the lungs should be put to bed, for *absolute rest is essential to recovery*. I know of several instances in which death resulted from a neglect of this precaution. He should speak as little as possible, for speaking brings more blood to the lungs, and there is too much there already. A milk diet should be the rule for the first few days, after which beef-tea is in place. The sick-room should be well ventilated and yet free from draughts, for ventilation and draughts are not by any means synonymous terms. The patient should be very cautious about resuming out-door avocations.

PASSIVE CONGESTION OF THE LUNGS.

This may be defined to be an incomplete stagnation of blood in the lungs; indeed Virchow simply defines it to be a *stagnation of blood*. It arises from deficient tone in the veins and capillaries of the lungs, permitting an accumulation of blood in them, the result of which is a languid and retarded circulation. It is rarely a primary affection. It is often found in young women, and also, just as often, in persons advanced in life, especially if of inactive habits. Disease of the valves of the heart is a well-known cause, but failure of heart power—an inability to force the blood through the lungs—is unquestionably the principal agent in the production of this morbid state. This failure of heart power, little recognized but quite common, often supervenes in the utter exhaustion which sometimes follows typhoid fever. Passive congestion is not rare in extreme old age, and it is a frequent cause of death after serious surgical

operations. Then the blood-vessels lose their tone, and the blood naturally gravitates towards the most dependent parts of the lungs.

In passive congestion there is an increased amount of blood in the affected part, and the blood moves slower than in health. Debility of the veins and capillaries is the essential element, and the blood simply stagnates in these enlarged and feeble vessels. This debility is accompanied by impaired nutrition, and, as a matter of course, the impaired nutrition causes impaired function.

Death of the affected part is the necessary result of extreme congestion, and the dead part is *not* renewed. The importance of this fact will be fully understood when we discuss the relation of consumption to this form of congestion and to pulmonary catarrh. In very many cases the vitality of the blood is lowered.

Dr. John M. Scudder, of Cincinnati, the able editor of the *Eclectic Medical Journal*, compares an active congestion to "a freshet in a rapid stream, in which there is turbulence in the current, and a passing from side to side, and occasional eddying of the floating material in addition to the forward movement. In congestion we are reminded of a sluggish stream when filled by recent rains; we see that the stream is full, but have difficulty in determining the direction of the current until after we have observed it for some time."

If the blood-vessels rupture, hemorrhage from the lungs is the result; and the enfeeble dwells of the capillaries favour the exudation of the watery part of the blood—this, of course, is dropsy of the lungs.

This form of pulmonary congestion plays an important part in many diseases of the lungs, especially in bronchitis of children and of aged people.

Passive congestion of the lungs always creates greater difficulty in breathing than the active form, and this difficulty is aggravated by the slightest movement. This arises from the fact that in passive congestion of the lungs the circulation of

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blood is greatly retarded, and in some parts of the lungs the blood is at a stand-still altogether. In the active form, as we have seen, the blood moves faster than in health. A great number of heart-patients die of passive congestion of the lungs. A sudden effusion of serum from the pulmonary vessels takes place, and the patient is gradually drowned. The breathing surface becomes less and less, the blood is imperfectly aerated, and the patient finally sinks. A patient suffering from this form of pulmonary congestion is cool, livid and bluish, especially about the lips and fingers, and as the morbid state advances prostration becomes extreme. In a certain number of cases the effusion takes place suddenly, and the patient dies at once.

But as a rule passive congestion of the lungs progresses very slowly and often improves under treatment, though at times this improvement is deceptive. The deaths from sudden effusion are usually due to some imprudence, such as running to catch the street-cars, but I have known death to result without any apparent cause.

I have invariably found the temperature in this morbid state below the normal.

Percussion is always dull, and the ear detects more or less rattling at the base of the affected lung, while the ordinary vesicular respiration is very incomplete.

The base of the lung is the chosen seat of this form of pulmonary congestion, and the affected part is dark-red or purplish in colour, for the blood which dams up all the vessels is very dark, indeed almost black. Minute hemorrhages into the substance of the lung are even more common than in the active form.

The diagnosis is very plain, and is entirely dependent on the group of symptoms already described. From obstructive congestion of the lungs it is distinguished by the absence of heart-disease, otherwise the two states are very similar. Curiously enough, passive pulmonary congestion has been confounded with typhoid fever, though the *ensemble* of symptoms is entirely different. A couple of years ago, a lady, residing at the east end

of Montreal, was taken ill with what her medical attendant, an experienced man from the centre of the city, said was *typhoid fever*. After the case had lasted many weeks, another physician was taken in consultation, who pointed out that the patient had all along been suffering from passive congestion of the lungs, that the lungs were full of the exuded serum, and that the issue would be fatal. And it was.

Frequent hemorrhages make a gloomy look-out, and attacks of catarrhal bronchitis aggravate the morbid state very much. This form, if ill-treated, or not treated at all, often terminates in consumption; and even if this does not take place, it may result in a permanent condensation of the lung tissues, which, in its turn, tends to disease of the heart.

One of the first thoughts of the physician, when treating a confirmed case of passive congestion of the lungs, is to send the patient to the mountains. This is the secret of the good results of Colorado in pulmonary complaints, but I have found a residence at Georgeville, in our own fair Province, even more effective and vastly cheaper. The diminished atmospheric pressure stimulates the pulmonary tissues and thus induces contraction of the dilated vessels. Note, however, that for this very reason *patients subject to hemorrhage should not go to the mountains*.

In this phase of pulmonary congestion the diet should be nourishing, and I look upon a well-made beef-tea as being the sheet-anchor. The chest, back and front, should be sponged with cold water every morning and then dried with a coarse towel. Exercise should only be taken under medical advice—I have known death result from a neglect of this precaution. Perhaps in no form of pulmonary disease does homœopathy show more brilliant results, and I have seen cures of apparently hopeless cases.

It must be noted that active congestion of the lungs may be succeeded by the passive form. An individual is exposed to a draft of air, takes cold, and has a sharp attack of active congestion of the lungs. This is but partially cured, the arteries

recover their tone to a certain extent, but the capillaries and veins dilate, and passive pulmonary congestion is the result.

OBSTRUCTIVE CONGESTION OF THE LUNGS.

Obstructive congestion of the lungs differs essentially from the two varieties just described, inasmuch as its origin is purely mechanical—it is always a secondary form of disease. It results from any cause which prevents the return of blood from the lungs, such as constriction of the mitral valves of the heart or the pressure of a tumor on the pulmonary veins. Some writers incline to think that it is illogical to separate obstructive congestion of the lungs from the passive form, but the existence of the mechanical cause is a sufficient mark of distinction.

As in all other forms of pulmonary congestion, those suffering from the obstructive form have cough and difficulty of breathing. Palpitation of the heart is almost invariably present, with oppression of the lungs and a tightness across the stomach. Such patients often have bronchial catarrh with spitting of blood—the result of irregularity in the distribution of the blood. The pulse is very small and frequent, and the lips and fingers are *blue and cool*.

In the obstructive form, progress is from bad to worse, simply because the morbid state frequently depends upon an incurable affection. Still, I have known such patients live for many years—but each paroxysm must be met by the appropriate homœopathic remedy.

The temperature of the body is low at all times, and particularly during a paroxysm.

Examination, by means of the ear applied to the chest, shows very imperfect breathing, and, in places, no breathing at all. During a paroxysm a kind of collapse often takes place, the patient gets cold and bluish, and the heart needs some alcoholic stimulus to enable it to resume its functions.

A chief characteristic of this variety is the enormously dilated

capillaries, which, according to Rindfleisch, are often found to be expanded to three times the normal size. In colour the lungs are of a brownish hue, and they are larger, denser and heavier than in the normal state.

The prognosis in this form is more serious than in either the active or passive varieties. Still, I have seen patients live many years in comfort, especially when the morbid state is dependent on simple constriction of the heart-valves.

Speaking in general terms, it may be said that this form calls for the same management as the passive form.

CONGESTION OF THE LUNGS IN CHILDREN.

Congestion of the lungs, as we have seen, is one of the most neglected fields in the entire range of children's diseases, and yet it forms that initial stage of many maladies, the prompt meeting of which removes all danger.

This morbid state is frequent in children, especially in delicate children inclined to be scrofulous. Even in babes in the arms it is by no means rare, and it increases in frequency to the age of five years. It is more frequent in boys than in girls, and this quite independent of any external cause, such as exposure to cold. Children with irritable hearts are most open to attacks, for such a heart is prone to send an increased quantity of blood to the lungs on but slight provocation, and when that increased quantity of blood encounters relaxed pulmonary capillaries, all the factors of congestion of the lungs are present. Such children are likely to have repeated attacks, all the more to be dreaded, as here the danger lies not in one single attack, but in repeated attacks, each more destructive than its predecessor.

As to causation, any hereditary weakness of constitution would cause a predisposition to that irritability of heart, and to that half-paralytic condition of the pulmonary capillaries, which are the two factors of this morbid state. Then exposure to heat or cold would cause, by reflex action, that irritation of the respiratory tract which results in congestion. I have known violent and long-continued crying to have the same effect.

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The symptoms of congestion of the lungs vary with the violence of the exciting cause and the extent of the congested part, and a certain degree of congestion is almost within physiological limits, inasmuch as it produces no symptoms. As a general rule, the commencement is sudden, with shiverings, fever and oppression of breathing. The fever is rarely high, but in not a few cases I have noted that it was altogether absent, though usually the face is flushed, with violent pulsation of the great vessels of the neck. One of the most marked symptoms is difficulty of breathing, and this often develops with startling rapidity. The respiration is hurried, panting and very superficial, and often there are as many as fifty respirations to the minute, though the average does not exceed thirty to thirty-five. A good deal of cough is always present in the pulmonary congestions of children, for it is almost constantly associated with bronchial irritation. Acute pain is usually absent; generally speaking, the pain is dull and heavy. The feeling of weight and oppression of the lungs, so very prominent in the pulmonary congestion of the adult, can only be ascertained by physical examinations, except in those cases in which the patient is old enough to describe its sensations. Hemorrhage can rarely be detected, though, according to Ernest Wagner, it is almost invariably present. He writes :—"According to more recent experience, very small bleedings from the uninjured walls of vessels occur in every congestion even of short duration. But also somewhat greater capillary bleedings take place, probably very often in congested parts, but for the most part present no symptoms because the blood exuded is carried away as soon as it reaches the origin of the lymphatics."

One of the most striking features of pulmonary congestion in children is its tendency to disappear suddenly, leaving hardly a trace behind, and not less remarkable is its tendency to recur on very slight exposure indeed. The temperature suddenly falls, the difficulty in breathing disappears, the child recovers its strength and spirits, and health is restored. When death takes place it is usually sudden, and many e so-called "deaths from

heart-disease" are really *foudroyante* cases of pulmonary congestion.

Congestion is often as short in its duration as it is sudden in its attack. If promptly treated it does not last over sixty hours, though neglected cases would run a week or even more. Chronic cases—and all neglected cases are in danger of becoming chronic—run on indefinitely, and are both tedious and difficult of cure. Meyhoffer says that the mean duration of an acute case, without medicinal interference, is three to four days.

In children the temperature of congestion of the lungs rarely exceeds 100° ; I have seldom found it as high as 102° . Towards the close of the illness the temperature often falls as low as $96\frac{1}{2}^{\circ}$.

The percussion sound in this morbid state is not very characteristic. Usually it is abnormally clear, in fact quite tympanic during the early course of the congestion, but further on dullness is present, especially at the base of the lung. Meyhoffer remarks that a congestion, which does not materially lessen the ability of the lung to hold air, will not present any appreciable diminution of sound.

Auscultation furnishes equally unsatisfactory results, for there are no absolutely distinctive sounds in this morbid state. The respiratory murmur is either absent or else masked by the copious râles, often loud enough to be heard at some distance from the patient. The enfeebled respiratory murmur arises from the insufficient expansion of the air-cells, already oppressed by the swollen capillaries and later by the sero-mucous exudation. I have detected bronchophony in some few extreme cases in which the sero-mucous exudation was very great. The motions of the lungs, which form such a notable feature in their physiological action in children, are notably diminished in congestion.

On post-mortem examination the lungs are found to be of a deep-red colour, which in extreme cases is purple or blackish-red. A frothy bloody fluid flows from the cut surfaces, and the lung-tissue itself is moist, relaxed and heavy; crepitation is diminished, but pieces of congested lung float in water, unless

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indeed the effusion has been very great. Owing to the swelling of the walls of the air-cells and of the interstitial tissue, the vesicular structure of the lungs is hardly apparent, and the mucous membrane of the bronchial tubes is almost always injected and coated with blood-streaked mucus.

Congestion of the lungs is most likely to be confounded with the early stage of pneumonia, and it is quite certain that the diagnosis is rarely sharply drawn between the two diseases. Pneumonia, however, has a much higher temperature, which is rarely under 103° , while the rise is sudden and the elevation persistent. In congestion of the lung, on the contrary, the temperature rarely exceeds 100° , while the rise is more gradual and the elevation very transitory. The fever of pneumonia lasts from eight to ten days, while that of congestion disappears in two or three. Well-marked bronchitis is a frequent accompaniment of pneumonia, but well marked bronchitis is rarely present in congestion. Finally, the physical signs of pneumonia are almost unvarying, while in congestion they vary very much.

Bronchitis usually affects both lungs, while congestion is generally unilateral. Bronchitis has copious râles all over the bronchial tract, while the respiratory murmur is exaggerated; in congestion crepitation and sibilant râles are the rule, while the respiratory murmur is either very feeble or is altogether absent over the congested part.

The prognosis of simple congestion of the lungs in children is eminently favourable; in the vast majority of cases, a really serious state entirely disappears in a few days; repeated attacks give rise to a more unfavourable prognosis, for, when associated with scrofula and poverty, they are often the precursors of consumption. A fatal result is very rare, even when both lungs are congested, unless indeed the little one has been grossly neglected, or has been a sufferer from valvular disease of the heart or some other dangerous malady.

The child should be kept quiet in bed, and the head should be somewhat elevated. Talking should be discouraged, and the patient must be kept in good humour at all costs. The diet

should be light but nutritious, and no wine or other stimulus should be given, as all stimuli tend to increase the morbid state. When convalescent the patient should not go out too soon, and *deep inspirations* are of great value in restoring a healthful action of the lungs.

PULMONARY CATARRH.

Pulmonary catarrh, also called catarrhal pneumonia, is not strictly a congestion of the lungs, but it is so often associated with it that any account of pulmonary congestion would be incomplete without some account of it. The truth is that pulmonary catarrh complicates a majority of cases of all the forms of congestion of the lungs, adding greatly to the present danger, and still more to the future. It is almost always the result of catarrhal bronchitis—the morbid process simply extending from the bronchial mucous membrane to the air-cells of the lungs. Taking cold is, of course, the first step in the bronchial affection, and a fairly correct idea of pulmonary catarrh may be obtained by reflecting that the same process goes on in the air-cells of the lungs as obtains in the nasal mucous membrane when one is suffering from a cold in the head.

It is more frequent in children and young people than in adults, and it adds greatly to the danger of measles and whooping cough. Felix von Niemeyer goes so far as to say that "it may very properly be called a disease of childhood," but it is almost as common and even more fatal in young women. I feel quite certain that in a majority of cases of consumption in young women *pulmonary catarrh is of the essence of the disease.*

Pulmonary catarrh, then, is always a secondary disease, and so its symptoms are mingled with the symptoms proper to the bronchitis, or other morbid state, by which it was preceded. The character of the fever and of the cough are the chief data for the diagnosis. When pulmonary catarrh supervenes upon a catarrhal bronchitis the *temperature* always rises. During the attack of bronchitis let us say that the temperature stood

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at 101°, or a little lower; then as soon as pulmonary catarrh develops, the thermometer marks 104° or even higher. The pulse becomes full and frequent, the face reddens, the eyes glisten, and the patient becomes restless and anxious, or, in very severe cases, apathetic and somnolent. The cough, which has been moist and easy, now becomes painful, so that the patient fears to cough.

On examining the chest it gives forth a dull sound, that is, if the new morbid state extends over a considerable space; but if it is limited, then physical examination reveals nothing or next to nothing. On examining well-developed cases, it will be noted that the breathing is rough and difficult, and the rattling of mucus in the lung is very characteristic.

In acute cases the disease marches on very rapidly, especially if the patient is a child, young and feeble. The flushed face becomes pale and livid, the lips bluish, the eyes dull and heavy, the restlessness changes to somnolence, constantly increasing. This state is the result of the incomplete oxygenation of the blood and of its overloading with carbonic acid. Pulmonary catarrh rarely terminates suddenly, and it is more likely to become subacute or chronic, and this is most frequently seen when the pulmonary catarrh follows whooping-cough or catarrhal bronchitis of long standing.

When pulmonary catarrh ends in resolution, the inflammatory products are absorbed after undergoing certain changes. After quite a fight the patient slowly recovers health and strength. But the termination is frequently of a less favorable nature. The thick and tenacious mucus may infiltrate the lungs, flooding all their cavities, constituting what is known as caseous or cheesy infiltration. The fever moderates somewhat, but it still rises towards evening, and by-and-by is followed by night sweats. The cough and difficulty in breathing become worse, and the strength fails day by day. Physical examination at this stage shows a condensation of the tissues of the lungs, together with the cheesy infiltration. Then, after a longer or shorter delay, the infiltration dissolves, causing a vast destruction of the lung, and

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consumption is now fully developed. Virchow writes:—"Upon examining the point which has been the leading one in the doctrine of tuberculosis recently advanced, namely, tubercular infiltration of the lungs, we readily arrive at the result which Reinhardt has set down as the final one, namely, that tuberculosis is nothing more than one of the forms presented by inflammatory products when undergoing transformation, and especially that all tuberculous matter is really inspissated pus. In fact, what has been termed tuberculous infiltration can with few exceptions be traced to an originally inflammatory purulent or catarrhal mass, which has gradually, in consequence of incomplete absorption, fallen into the shrivelled and shrunken state in which it afterwards remains."

In order that such a catastrophe should take place *it is not necessary that the individual should be of consumptive tendencies*. All that is needed is that pulmonary catarrh should be developed and that it be neglected—and this often happens even with robust men. This evening (Nov. 4th) a gentleman was in my consulting room, and in the course of conversation he remarked that a year ago he and a young friend, a medical student, got wet during a walk round the mountain; that he attended to his cold, while the medical student neglected his, consumption developed, and he died. Of course, not all cases of pulmonary have this sad ending, but its possibility should be constantly kept in view.

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