

CLINICAL CASES AND VERIFICATIONS

By C. M. BOGER, M.D., Parkersburg, W. Va.

MEMBRANOUS CROUP

Medicine is full of the ephemeral and of errors of human judgement, hence you must accept the conclusions of this paper, as those of one person only. The specter of membranous croup looms up hideously in the experience of every physician, and strikes dire fear into the heart of every conscientious practitioner, be he a follower of Hahnemann or a disciple of Pasteur; for in truth, the difference between the results of ordinary homeopathic treatment, when Kali bi-ch; Hepar'-s or Spongia are given as a routine, and the old school antitoxin injection method, is not startling enough to attract attention. Intubation has done good work, but does not come up to expectations. When Hering gave Lachesis to the world, he builded better than he knew; above all other remedies, it admits of no crude dosage; its efficacy in the highest potencies is beyond cavil, it does things that no other medicine or combination is capable of; its pathogenesis rivals that of Pulsatilla in completeness, which is saying much. A well proven remedy is worth hundreds of fragments.

Twelve successive successful cases treated with Lachesis encourage me to point out its usefulness to you. Three of these cases expectorated putrescent fragments of membrane, some quite large, and had profound prostration; a number had enlarged glands at the angle of the jaw, three had previous treatment, which is usually efficacious in the catarrhal form, one had had the Boeninghausen powders, which the family kept in the home for the emergencies, all had the peculiar wheeze, which distinguishes the membranous form of croup; nearly all the cases were entering upon the second stage, when suffocation awakes the patient, every time he falls asleep. Two cases lasted a full week, before they were out of danger, one of these retains a permanent hoarseness, due to injury to the vocal cords; one case was under four months of age; this one was very obstinate and had had previous allopathic treatment usual in such cases.

The method of administering the remedy had I think very much to do with its efficacy. As soon as fully satisfied as to the nature of the case, I usually give a dose of 200th every hour or half hour; ordinarily this quickly loosens the exudate in a few hours, large quantities are coughed or vomited up, indeed the amount expectorated is frequently a great surprise to the family; now the remedy is repeated, at longer intervals until all symptoms have fully subsided; any laxness at this juncture will probably lose the case; it is not an uncommon thing to find that after twenty-four hours of amelioration an aggravation sets in. Now is the time to change the potency, usually I give the 4m of Jenichen repeating as before, or even every fifteen minutes; it rarely happens that a third change is necessary but if so, the 50m or c.m. usually finish the case, once the m.m. was necessary.

It is my firm belief, that this procedure will be sufficient for the vast majority of cases. Where this remedy has failed in previous times, it has been because the manner of giving it has not been carried out. In closing I would point out the cardinal points of this treatment.

1. Give Lachesis as soon as the wheeze and suffocation on falling asleep appear.
2. Repeat frequently until there is a rattle, with every cough, then lengthen the interval between the doses.
3. Do not fail to change the potency when a fresh aggravation sets in.

I. Shaking chill, starts at base of neck and goes down, every day at 8 or 9 a.m., or at 12 noon; drawing in abdomen during chill. Concomitants. Cramp in bowels. Dry mouth. Pain in left infra-mammary region. Pains which shift rapidly. Weak sensation in wrists. Constriction in right side of head, and in right knee. Head heavy. General weakness. Valerian 1m. cured.

II. Acidity, solids hurt the stomach, causing a feeling as if some-thing had lodged in liver, together with vertigo. Burning in stomach. Flatulency. Loss of appetite. Nausea. Impatient and despondent. Mouth and throat dry. Thirstless. Cutting and heaviness in right hypochondrium. Takes cold with every change of weather. Creeping feeling in back. Cold feet. Can't lie on either side. Nux. mos. 50m., cured.

III. Boy aged 14, has had nocturnal enuresis since his third year, when he suffered from whooping cough and dysentery. Urine is very strong in odour. Always feels tired. Incontinence of

stool, on urging can't retain it. Aloes 45m. cured.

IV. Child aged 4, had nocturnal enuresis with prolapsus recti, the prolapsus was complete and so bad, that it could hardly be held in place by any means whatsoever; every motion, stool or passage of urine brought on the condition. This case had a bad out-look. Aloes 45m. cured.

V. Mr. K. Pneumo-typhus ambulans. Temperature 105. Pulse 102. Pneumonia of right apex, bloody, foetid sputa. Tongue had a red dry stripe down center, widening towards tip. Complains of bed being too hard. Intestinal haemorrhage, one quart, repeated in twenty-four hours, blood dark, clotted, says he always feels better after bleeding. Marked jactitation, subsultus and trembling. Mental irritability. Gushes of sweat. Numbness of hands. After every dose of Rhus., he would bleed afresh and feel better, but the pulse and temperature always went up. Always worse in the evening, until midnight; severe type. Caladium 30 cured.

VI. Objects suddenly seem smaller, then patient falls to the ground with consciousness. Platina 1m cured.

VII. 1. Downward and inward pressure in eye-ball, worse from light.

2. Pain in right flank, radiating into chest and uterus, pulsating.

3. Lachrymation and agglutination of lids.

4. Piles bleeding, dark small clots.

5. Menses preceded by styes.

6. Cold feet.

7. Sticking in right inner canthus.

8. Twitching and drawing in lids before menses.

9. Sweating palms.

10. Puffy under eyes.

11. Much itching of eyes. Agaricus 2m. cured.

DISCUSSION

H. C. Allen, M.D.: I scarcely see how we can consistently recognise Lachesis as the curative agent in every case of membranous croup. Lachesis is a wonderful remedy. It is a wonderful remedy in membranous croup, when the symptoms are present, but I found a great many cases that only Lac caninum or Lycopodium would cure. I rarely lose a case of membranous croup, but I do not see how the author can recognise Lachesis as the universal remedy for membranous croup.

J. H. Allen.: If the aggravation is present after sleep, that is the point he made.

E. A. Taylor, M. D.: I did not understand the essayist to say that Lachesis was a specific for membranous croup at all. I understood him to say that he finds it oftener indicated than any other remedy—very often indicated; and hence used a great deal in that serious trouble. I do not think he said it is the indicated remedy in all cases.

J. A. Kirkpatrick, M.D.: I believe that the cases of membranous croup that I have had in my practice, have taken all the conceit out of me. We are liable to meet these bad cases. Now I would like to know whether, in the absence of other symptoms, he would prescribe on that symptom alone—aggravation after sleep. That is a common symptom of membranous croup, especially in its worst form. The patient wakes up and is worse. I sometimes thought it was because they lay with their mouth open and breathed the air through the mouth until the throat becomes dry; the patient will not waken until in a desperate condition and then of course wakes up worse. I have seen them go on in that way until the end came. I would like to hear in regard to that point.

A. P. Hanchett, M.D.: I feel impelled to say that I have had an immense experience in croup—croup and diphtheria practically in the same patient; and I have been more often disappointed in Lachesis than in any other single remedy that I have found occasion to administer. The first experience I had with it and the first fatal experience I had with membranous croup, was in the winter of 1886. I had then been in practice eight years and had treated a great many cases of croup and diphtheria successfully and did not fear it. Then I met with a large family some distance in the country—or rather, a large frame house with two families in it, and there were four cases of diphtheria or diphtheretic croup. I met my Waterloo! Four cases died within a week in that house, in spite of four or five consultants who were trying to find the indicated remedy. Lachesis seemed to be perfectly indicated. Aggravation after sleep, and all the leading characteristics of Lachesis. It looked so clear! The potencies used were from 30th to 200.

We had nothing higher at our command at that time. Four cases died within a week; and, to my surprise, they retained me. I begged them to get some one else, but they said: "Stay by us, and we will stay by you." Next day the conditions changed some and Lycopodium seemed indicated and the remaining ten cases recovered. Since that time I have had a great many cases. During the four years following, during the years 1889 to 1893, we had more than 200 cases of diphtheria in every form, many of them croupous in character, in our section. My partner and I treated several hundred cases during that time, and many of them were fatal. I think about ten per cent of our cases during that time were fatal. During that time I commenced to use intubation, and the use of those tubes and the more prolonged period for treatment we were able to save a great many cases that we formerly had lost. I have used the tube in something over fifty cases in consultation and in my own practice, with fifty per cent of recoveries. Since 1897, I have been very fortunate and have to record but one fatal case. During that time I have treated ten cases by intubation, using it whenever I was a little at sea about my remedy. I have used antitoxine in five cases and it caused no complications. They were the only cases in which I have had to use the antitoxine, and no complications followed; but Bromine, Kali bi-chrom. and Hepar sulphur have been the remedies that have worked my cures. Ipecae, Lycopodium, Baptisia, the Mercurius and Kali bi chrom have cured scores of cases that were not croupous. When the croupous type has come on I have almost invariably found Spongia, Iodine and Hepar sulphur the indicated remedies, with one or two cases of Aconite. (Applause).

C. M. Boger, M.D.: I am glad the paper stirred up that discussion. I have used other remedies, of course, for membranous croup, including the yellow Iodide of Mercury, but my experience with membranous croup when Lachesis was indicated in that way has been very bitter. I have lost some cases that did not look very desperate, and lost them in a hurry, too. In my own house I once had seven cases of diphtheria and lost three in one month. I had the opinion of specialists and physicians in the whole country. On the third day they took on a black appearance. That was the commencement of death every time. I never met but one physician who has seen this appearance in diphtheria. A Pittsburgh physician, in an epidemic during the sixties in which it was marked, lost every case. I believe in the use of Lachesis, and changing the potencies every time a fresh aggravation comes on; but that symptom, as Dr. Kirkpatrick says, appears in almost every case—suffocation on going to sleep. A number of remedies have that symptom, but Lachesis is the main one. Rattle snake poison has it. Crocus has it.

H. C. Allen, M.D.: What potency do you give?

C. M. Boger, M.D.: The first dose is 200; and the peculiarity in that prescription is, that after three days there begins a rattle in the throat and vomiting; and then (Farrington mentions that in his materia medica) just as soon as that change comes I change the potency at once, and sometimes I have to make the fourth change.

H. C. Allen, M.D.: Have you ever tried giving it higher in the start? It is worth trying. I do not think you would have so many relapses.

M. Boger, M.D.: The after effects on the vocal cord is very great prostration. The expectoration is something terrific.

J. A. Kirkpatrick, M.D.: One thought comes to my mind, suggested by the physician on the right: These fatalities have not been so great since 1897. That corresponds with my own experience and observations. I have not lost a single case since then, and I have had a number of cases both of diphtheria and membranous croup. I believe that there are cycles through which diseased are aggravated, and there are fatal periods; there are times when we meet cases that it seems are stark fatal when they begin. I would like to know what the other experiences have been; since 1897, coming from all parts of the country, the fatalities have been less than they were previous to that time.

C. M. Boger, M.D.: The doctor is right about the cycles.