

**THERAPEUTICS OF DIPHTHERITIS:
A COMPILATION AND CRITICAL
REVIEW OF THE GERMAN AND
AMERICAN HOMEOPATHIC
LITERATURE**

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Therapeutics of diphtheritis: A Compilation and Critical Review of the German and American Homeopathic literature by F. Gustav Oehme

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A COMPILATION AND CRITICAL REVIEW

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GERMAN AND AMERICAN HOMŒOPATHIC LITERATURE.

BY

F. GUST. OEHME, M.D.,

STATEN ISLAND, N. Y.

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THERAPEUTICS OF DIPHTHERITIS.

THE following pages contain a compilation* and critical review of the therapeutics of diphtheritis, collected from the German and American homœopathic literature, and translations. We have arranged the material in a similar way as in Rückert's *Klinischen Erfahrungen* (clinical experiences), and have mentioned all clinical cases and general remarks† regarding a remedy which seemed of interest, but omitted all cures with medicines in alternation, or by the use of one drug internally and another externally (locally). Although such a mixed treatment may be justified in many cases, yet, as there can be nothing learned from them, it seemed useless to mention such.

Before enumerating the different remedies, which have been used or recommended, we wish to bring first a few general remarks on diphtheritis.

1. The genuine diphtheritis belongs to that class of epidemic and contagious diseases, in which specific vegetable germs invade the human body, and cause pathological changes (inflammation and gangrene) in the primary affected membranes, and also cause a general infection and considerable disturbance in remoter organs and tissues, by entering into the circulation of the blood. (*Internat. Hom. Presse*, 6, 577; Balogh.)

2. Nature of diphtheritis and its difference from croup.

<i>a. Diphtheria</i> prevails during winds with a damp atmosphere; in this section of the country, sea winds.	<i>Croup</i> , on the contrary, during dry winds; in this section, northwest and west winds.
<i>Diphtheria</i> has a stadium prodromorum, with angina, and general collapse and asthenia.	<i>Croup</i> commences suddenly, with signs of turgor and synocha.
<i>Diphtheria</i> commences in the fauces, and may extend to portions of the adjacent mucous membrane.	<i>Croup</i> localizes itself in the respiratory membrane.

*Up to the 1st of March, 1877.
†By general remark, in contrast to clinical case, we understand the indications for the selection of a remedy, such as we find in works on therapeutics.

The diphtheritic exudate grows out of the submucous tissue, piercing the mucous membrane, which bleeds if the exudate be removed; the exudate, after passing through a stage of low organization, dissolves, finally, in gangrenous mortification.

The fetor oris in diphtheria is strong and specific.

In diphtheria neuroparalysis is the result of an intoxication of the blood, which attacks the central life of the nerves. The amount of the exudate does not seem to have any influence upon its development, as there are cases on record in which this exudation was very trifling and even wanting, and yet paralytic symptoms, even death, in consequence of paralysis of the heart, have been observed to take place.

Ztschr. f. hom. Klin., 18, 57, 1869; Villers. *Rane's Record*, 1, 147.

b. In diphtheritis the submucous tissue is affected, besides the mucous membrane.

In diphtheritis the surface looks gangrenous and ulcerated after the removal of the exudate.

Diphtheritis is a destructive, gangrenous disease.

Diphtheritis is mostly epidemic.

Diphtheritis attacks adults as well as children.

Diphtheritis is favored by uncleanness, squalor, crowded dwellings, in short, by everything which promotes the origin or growth of fungi or spores.

Diphtheritis is the local expression of a general disease, of an intoxication of the blood, caused by miasmatic influences, and may produce death as well by local as by general causes.

Diphtheritis is contagious.

Ztschr. f. hom. Klin., 18, 153; Hirschel.

3. Often the *local* affection is not in proportion, at least apparently, to the *general* disease; now the former, now the latter, is much more violent than one would expect. Seemingly very slight cases prove fatal, or are succeeded by severe or long-lasting after-diseases.

4. When the diphtheritic process reaches the larynx, the

The product of croup is exuded upon the mucous membrane, which, if the exudate be removed, appears injected or oedematous; it is amorphous, and gradually dissolves in pus.

It is in croup, for a dull smell, indifferant, and only to a finer smell appears empyreumatical.

In croup neuroparalysis is the result of an exhaustion of local innervation, in consequence of excessive secretion of the diseased mucous membrane.

In croup only the mucous membrane.

In croup, on the contrary, the mucous membrane remains smooth and whole.

Croup is a plastic disease.

Croup is mostly sporadic.

Croup mostly children.

Croup is occasioned more by climatic influences.

Croup is a local disease, which may kill by paralysis of the nerves of the larynx or by asphyxia.

Croup is not.

cough will assume the croup tone, hence the name "diphtheritic croup;" but as a wrong name may lead to a wrong understanding of the disease, and possibly, to a wrong treatment, it is best to abandon the name "croup" entirely, and call the disease "laryngitis diphtheritica." Croup and diphtheritis are so entirely different in their nature, that they cannot exist together in one patient. Croup could never come to diphtheritis, as a plastic disease cannot attack an asthenic patient; but diphtheritis may, possibly, come to croup, but if so the diphtheritic fungi would find such favorable conditions for their growth, that very few hours would suffice to have croup entirely changed into diphtheritis.

5. We may suspect diphtheritis, although we see no exudate, when a patient, with sore throat, feels very sick generally and unusually weak. The fever may be very slight, even in dangerous cases. *Fœtor oris* is not always present.

6. Our main object should always be to treat with *internal, specific* remedies the *general* disease, the intoxication of the blood, of which the exudation in the throat is merely the *local* expression and consequence, not its cause; the external treatment should be of secondary consideration. (*Allg. h. Ztg.*, 89, 46; Lorbacher.)

7. In our opinion the genetic difference of cases and the complications, caused by different constitutions, are too little, frequently not at all, taken into account in selecting the remedy. (*Allg. h. Ztg.*, 91, 125; Goullon). Many do not even attempt to individualize, although this is strictly required in homœopathy.

8. Local cauterization, with *Argent. nitr.* and other like substances, is, happily, condemned even by many *allopathic* physicians as useless and even dangerous; likewise the forcible removal of the exudate has been abandoned as a torturous and injurious process. On the other hand, nobody should neglect a gentle cleansing of the affected parts, or the local application of the internal remedy, provided it is used in such a diluted form that only its dynamical, not its chemical, action is called in requisition.

9. Diphtheritic patients should be made to take a sufficient

amount of nourishing, easily digested food; often, also, alcoholic drinks, to prevent exhaustion and paralysis.

10. When in a case, several remedies have been given successively and unsuccessfully before the right one, we have always mentioned them in order to give the treatment as complete as possible, and to show that drugs considered infallible, proved ineffectual.

11. *There is not one single remedy which has been highly praised, but what some one has found utterly useless.* We must mention this, because *we have left out entirely all negative results*; therefore the reader will please keep this in mind when reading any of the following excerpts. For example, we will note only the following. Payr, in Würzburg, Bavaria, writes: "Mere. hydrocyan., Brom., Sulph. acid., Nitr. acid., Muriat. acid., Iod., and Kal. bichrom. were of avail not until the epidemic had begun to decrease, eight patients dying out of ten. (*Allg. h. Ztg.*, 80, 73). The same may be said even of the inhalations of Carbol. acidum. (*Allg. h. Ztg.*, 91, 124.)"

THE FOLLOWING ARE THE REMEDIES USED AND RECOMMENDED IN DIPHtherITIS, FOLLOWED BY A *General Résumé*:

I. ACONITUM NAP.

12. Acon. is recommended by T. Nichol in laryngitis diphtheritica—a true pathological similitude between the effect of the drug and the elementary morbid state, which lies at the root of the disease. I always used Lodge's tinct., one or two drops to half a glass of water, one spoon full every half hour. (*Amer. Hom. Obs.* 9, 449.)

II. AILANTHUS GLANDULOSA.

13. Ailanth. has many well marked symptoms indicating its use in diphtheritis (*see Allen's Encyclop.*): thick œdematous, and dry choky feeling in the throat; throat dry, rough, and scrapy; throat tender and sore on swallowing; the fauces and tonsils are inflamed, with spots of incipient ulceration, etc., etc.

14. The throat is livid and swollen, the tonsils studded with numerous deep, angry-looking ulcerations, from which a scanty fetid discharge exudes; the neck is very tender and swollen; the tonsils are prominent and studded with ulcerated points. In scarlet fever. (*Ibidem*; Chalmers.)

15. The patient had some fever and vomiting; on the fourth day not a sign of the eruption; extensive diphtheritic exudate in the throat. Ailanth. tinct. three drops every half hour. Two days later a faint eruption on the lower part of the body. On the third day after using Ail. all danger past. Rapid and complete recovery. A similar, previous case, where Ail. was not used, died on the eighth day of the disease and third day of the treatment. (*N. E. Med. Gaz.*, 11, 228; Bryce.)

III. ALCOHOL.

16. Grauvogl recommends the external use of brandy, or equal parts of alcohol and water, in order to destroy the fungi. If the gargling is too painful the patient may take a mouthful hourly, afterwards less frequently, and hold the head backward for a few minutes. Should the œsophagus be affected small quantities may be slowly swallowed. The alcohol should be kept in the mouth till it causes smarting. The most extensive fungous growth is often diminished one-half in a few hours. This treatment should be continued till the last vestige of the fungi has disappeared. In very severe cases, however, this mode of application is insufficient, especially when hoarseness is present; then inhalations of alcohol must be used, diluted with water or not, according to circumstances. They should be prolonged each time until smarting is produced—a sign of their effect. After every inhalation the pain in the larynx, the hoarseness, and the dyspnœa are diminished. The same treatment is required when the fungous growth has spread into the choanæ or nose. With children the alcohol may be applied by means of a small water-color brush. Gargling with diluted alcohol is the best prophylacticum. (*Allg. h. Ztg.*, 74, 202; Raue's *Therap.*, 122.)

17. We order at once to touch up hourly most spots in the