

Woodward (A.W.) B. M. J. =

*MODIFYING INFLUENCE OF EPIDEMICS  
ON THERAPEUTICS.*

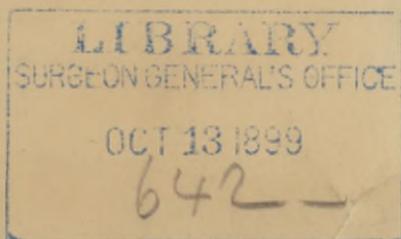
PART I., BY A. W. WOODWARD, M. D., CHICAGO.

With our present imperfect facilities for studying the *Materia Medica*, few practising physicians have time to find the similitum for fifty patients per diem. If this be so, then some aid is wanting to facilitate the practical use of our doctrine.

The ponderous size of our *Materia Medica*, if no other reason, causes it to be neglected save in some great extremity even by men of talent, industry and enthusiasm. They feel unequal to the mental effort requisite to read its provings understandingly, and from its necessarily encyclopædic character, it becomes to many a work of reference rather than a chart for daily use.

To meet this urgent demand for some quick method of choosing the remedy, many plans have been tried. The *Materia Medica* has been condensed and epitomized until the provings are much distorted; "the characteristics" have been laboriously collected, but are nearly useless. Various Repertories and Guides to practice exist, all of which fail to adapt the remedy to the entire case.

If these means fail how is the busy physician to apply the law of Similia in the majority of cases at the bedside? Is the difficulty insurmountable, and must we abandon the attempt save in few chronic cases? Surely not! The remarkable results we sometimes attain, are a promise of greater and more fre-



quent victories in the future, if we can once discover a ready rule of practice; so that the unabridged *Materia Medica* may be needful only for reference. If we can find a law by which an occasional search for a typical remedy will suffice for more than one half of our cases, then we shall feel more courage to study the *Materia Medica*; our difficulties will diminish, and we shall enter upon a new era of success.

Now, is it not possible that, by studying more closely the prevailing disease forms, their peculiarities and variations from season to season, we may be better able to choose the remedy than by the endeavor to find the *similimum* in every individual case? If we should analyze the prevailing diseases in the same manner that we make a diagnosis, *i. e.* by a process of exclusion, we should find that, though differing in their symptoms, they would require a very limited number of remedies, and that exceptional treatment would be required in exceptional cases only.

If we all resided under as constant and powerful a toxic cause as is malaria in some sections within the tropics, we might find the practice of medicine an easier task, because the fevers and phlegmasiæ in those situations show little variation from year to year; the treatment, once proved successful, needs little variation either on account of subject or season; the remedies called for years ago are still actively in demand; and, in extremely malarial regions, all schools of practice, our own included, find themselves obliged, sooner or later to resort to Cinchona. In pronouncing this drug to be a specific for swamp ague, Hahnemann recognised an *overwhelming telluric cause*. This cause, operating upon and modifying other diseases in the same locality, produces a condition that may be labelled Cinchona, whatever name be given to the disease. As we approach Northern latitudes, malaria loses its intensity, and we find proportionately greater variations in disease forms. Intermittents, remittents and typhoids no longer present changeless characteristics; but vary, from season to season, so as to oblige us to make corresponding changes of remedies. As we pass outside of malarial influences, if we do not run into another poison centre, we may find that the aerial or

epidemic influences become equally potent in shaping the forms of disease. The master-mind which recognised the *invariable* conditions calling for Cinchona also perceived that the cause of cholera was equally overpowering and controlling, and that the conditions thence arising would as surely demand Arsenicum, Veratrum, Cuprum and Camphor.

Now if we are correct in assuming that Quinine (Cinchona) is specific against marsh malaria, in all seasons and conditions of atmosphere; and that the remedies indicated by Hahnemann are still the nearest specifics for cholera; two conclusions would seem inevitable, viz: 1. That telluric influences, if *controlling*, are invariable; and demand a very limited class of remedies grouped around the one remedy which the controlling influence calls for. 2. That aerial influences, powerful enough to produce a world-wide epidemic, also demand a very limited class of remedies to meet every form of disease occurring during their prevalence. In either case there is but one cause, variously manifested.

These conclusions appear to me of wide significance; and I even venture to think that they furnish the key note for practice, at all times and under all circumstances. I think it is provable, that when the mass of people do not live under the controlling influence of malaria, they are subject to atmospheric (epidemic) influence; and that these influences or forces, reciprocally modify the forms of disease.

During the past winter (1875-6) I was called to attend two children in one family, ill with scarlet fever. They were of scrofulous habit and bore a remarkable physical resemblance. The eldest sickened first; and although the effects of an epidemic remedy (Ammon. carb.) had been quite satisfactory in all forms of disease, I decided in this case to give Mercurius. After a seeming improvement, there occurred Bright's disease, by which I nearly lost my patient: and as this was the only case so endangered that I saw during the season, I attribute the result to the Mercury. The sister, presenting, apparently, the same symptoms, was treated throughout with the "epidemic" remedy, and recovered in five days.

The idea of an epidemic remedy is not new; but that of an

epidemic influence constantly prevailing, was presented, I think, for the first time by v. Grauvogl in his Text book of Homœopathy. But even v. Grauvogl does not emphasize the fact that an epidemic may modify different diseases, without specially showing itself in a distinct form. As illustrating the value of the true epidemic remedy (page 296 *et seq.*) he cites an epidemic of pneumonia, treated altogether by venesection and Saltpetre. When the physician was summoned within the first two days, the cure was effected in from 5 to 7 days; when treatment was delayed for a week, the patients took 14 days to recover. In 58 serious cases, but two deaths occurred. In a similar epidemic in 1847-8, every patient being treated with Acetate of Iron, two deaths in 37 (all serious) occurred: duration of illness, 5 to 7 days. Again, from 1848-1850, out of 93 cases of pneumonia, many with typhoid complications, treated with Cuprum, but four deaths occurred; duration of illness, 3 to 4 in most, 9 days in the worst cases. An epidemic of measles is next cited (p. 324 *et seq.*) in which Aconite proved specific even for dropsical sequelæ. At page 288, Argent nit., it is said, was for two years the remedy for all cases of typhus; of which v. Grauvogl lost but three out of thirty-nine severe cases.

In explaining this singular treatment and its surprising results, v. Grauvogl advances views similar to those of Rademacher; maintaining the influence of epidemic conditions in so modifying the bodily states of enfeebled subjects that the symptoms at one season shall be hydrogenoid, at another carbo-nitrogenoid; the normal bodily constitution being restored after a longer or shorter season. As bearing favorably on this doctrine, I may mention that about ten years ago there prevailed in some of the Western States an intractable form of herpes palmaris and facialis, which demanded the most active carbo-nitrogenoid remedies, such as Sulphur and Mercurius. Since that time the same patients have exhibited a radically changed constitution, and have become strongly hydrogenoid, requiring that class of remedies whatever be their ailments. Admitting this radical physiological change, the proof of which is in the fact that we no longer see destructive

effects by ulceration ; it follows that the symptoms, in their entirety, must call for entirely different remedies.

In December, 1874, in an aggravated case of phlegmasia alba dolens, that was not improving, my patient asked leave to use common Hartshorn liniment. Permission, with due caution, was given, and, much to my surprise, the pains were relieved as by magic, and a cure speedily followed. No symptoms of poisoning appeared. On studying the drug anew, I found many Ammonia symptoms, not only in the present condition of the case, but in its history before and after confinement. About this time I had an unusual number of cases of lumbago, with acute wandering pains, or very aggravating catarrhal symptoms. Other remedies failing, Ammonia in some form was given, with prompt recovery from all complaints. Encouraged by this success, either the Carbonate or Muriate of ammonia was given in every acute disease that presented itself, and in more than half of them prompt cures followed. Cases usually requiring from five to seven days' treatment, now occupied but three to five days.

For more than twelve months past Ammon. mur. has proved the noblest of polychrests. By its use, winter colds have yielded to twenty-four hours of treatment ; and tonsillitis, laryngitis and pneumonia have been speedily cured. Delayed eruptions of scarlet fever and measles have promptly appeared, and convalescence rapidly followed.

It has also proved useful in pleurodynia, gastralgia and enteralgia ; and catarrhs, not only of the air-passages, but also of the stomach and bowels have been subdued. It has served me well in controlling sudden venous congestions, however severe, whether of the brain, simulating typhus, or of the lungs and heart, promising speedy death. One characteristic in every case was a disposition to an unusual change of symptoms, somewhat as in wandering rheumatism ; another was a moderate fever often alternating with slight chills, or perspiration that relieved the pains. This remedy has worked better than Aconite in relieving fever and producing diaphoresis. It has removed dangerous congestions, soothed pain and brought sleep, better than Bellad. or Opium. It has served

better in dysmenorrhœa than any other remedy during this time, and in parturition it has promoted labor pains and controlled hæmorrhage better than Pulsatilla or Secale. As a rule, Ammon. mur. proved itself a function remedy, *par excellence*; and, if used in the commencement of morbid processes, it was all controlling; when these had advanced to structural changes, some form of Kali or Natrum seemed to work better than such remedies as Mercurius or Sulphur.

Few other remedies have been found needful. Arsenic., Apis, Calc., Hyos., Ignat., Lach., Rhus rad., Podoph., Puls. and Verat. alb., have been sufficient to control nearly every morbid condition.

It is noteworthy that such remedies as Bryon., Canth., Cham., Mercur., Nux vom., Rhus tox. and Sulphur, have signally failed. Why they should not have worked as well as formerly, I can only explain by the theory of an epidemic constitution, to which they are not adapted.

I should mention, also, that my experience did not embrace any low, putrid or septic forms of disease. Such cases did arise in certain limited localities throughout the city, but they could generally be traced to exceptional filthy surroundings, or sewer gases.

I am persuaded that there was a decided intermittency in the remedies required. During the months of December, January and February, Ammon. was most frequently the remedy; but when the damp atmosphere of spring came, Rhus rad. quite superceded it. But Ammon. was again the remedy late in the spring, yielding, as summer advanced, to Apis; this remedy served well for about a month, when Ammon. mur. was again required. Through the autumn, Kali, in some form, seemed sufficient, but we had to return to our main remedy again late in November.

Since the new year, other drugs seemed to be more called for. Stibium is occasionally necessary; and Hepar sulph. may perhaps prove to be the next remedy. We seem to be at present in a transition state, with new conditions establishing themselves; this also has been alluded to by von Grauvogl.

Finally, while I feel justified in affirming that, during the

year 1875, no special form of disease in epidemic frequency prevailed in Chicago; yet the results of my experience, which I have cited, convince me that an *epidemic condition* existed, calling for a limited class of remedies, of which one was typical. Moreover that typical remedy worked as surely in all forms of disease as Bellad. *once* did in scarlet fever.

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PART II., BY T. C. DUNCAN, M. D., CHICAGO.

THE INFLUENCE OF THE GREATER EPIDEMICS.

“Coming events cast their shadows before.”

“Epidemics give distinct and unmistakable warnings of their approach. These warnings consist of two events: first, the sudden outbreak and general spread of some milder epidemic; and secondly, the transformation of ordinary diseases into diseases of a new type, more or less resembling the character of the extraordinary disease at hand” (Dr. S. Smith, *Nature of Epidemics*, p. 5).

Sydenham gives a graphic description of such a transformation of the fevers and inflammatory diseases prevailing in London, some months before the outbreak of the great plague in 1665. Dr. Southwood Smith observed a similar change in the general type of the fevers in the London Fever Hospital, six months before the first visitation of cholera in 1831 (*Ibid*, p. 6). Dr. G. E. Shipman reports that, eight months before the appearance of cholera in Chicago, in 1853, nearly every case of disease was complicated by a diarrhoea which called for a cholera remedy (*Medical Investigator*, vol. x., p. 292).

An interesting question arises: How long may the warning precede the epidemic proper? We have just seen that it extends for a few months, but Dr. Hennen informs us that “for four or five years preceding that (1813) in which the plague raged (in Malta) sudden deaths (apoplexies, etc.) were more frequent than ordinary, and during the twelve months immediately preceding and especially for the last month of the pe-

riod the increase was still more, insomuch as to excite public observation" (*Cyclopædia of Practical Medicine*, vol. ii., p. 68).

Some years before the cholera epidemic of 1848, Bœnninghausen reported a malignant whooping-cough prevalent among the children in his neighborhood (Münster). "In its origin the indications for the employment of Drosera (the epidemic whooping-cough remedy in Hahnemann's day) were only exceptional, and none of those were developed which call for other remedies ordinarily employed. However, in all affected, swelling and puffiness were remarked above the eyes between the eyelids and eyebrows, where it frequently formed a thick little bag—a symptom which had never been observed among those of any other medicine except Kali carb. (.219), and in fact this medicine was the only one that, at the commencement of the epidemy, effected a quick and lasting cure. In the last stage, this malady took another form, characterized by cold perspiration on the forehead and vomiting during the fit, symptoms which required the use of Veratrum alb." (*Manual of Therapeutics*, p. 18). The modifying influence, indicated by the change in the treatment, was no doubt the coming cholera epidemic. The greater epidemic influences the lesser.

"Anterior to 1831, fever in London, for a long series of years, had been essentially an acute inflammatory disease. Six months before the cholera epidemic, fever ceased to be inflammatory, and became a disease of debility. Up to 1855, this character of the fever had never disappeared (*Nature of Epidemics*, p. 7). The same is, without doubt, true to-day.

This explains why Aconite is not so frequently indicated now as it was in Hahnemann's time.

Buchner says: "Fibrinosis of the blood has disappeared more and more since 1827, and this is the reason why cholera has travelled repeatedly so easily all through Europe; as soon as fibrinous diseases regain the ascendancy, the albuminous cholera will disappear" (*North American Journal of Homœopathy*, February, 1874, p. 291). In the light of the above we can understand why such remedies as Gelseminum, Baptisia, Arsenicum, Veratrum, etc., are so frequently indicated year after year.

But cholera is not the only epidemic that is modifying therapeutics. The widespread influence of the yellow-fever epidemic in 1872-'73, was manifested by the character of the cholera epidemic of 1873, by the prevalence of the dengue in India and in the South, and by the great demand for "bilious remedies." Many physicians would not believe that this country was visited by cholera in 1873, because the stools were chiefly bilious rather than of a rice-water character. The reports from the various cities and towns (chiefly in the southern section of this country) published by order of Congress make a large octavo volume. The epidemic reached Memphis in May, and was followed in July by an epidemic of inflammatory dysentery. In August yellow fever appeared and raged as never before. Throughout the South, this epidemic was followed by dengue, which is defined by Dr. W. H. Holcombe, of New Orleans, as "a compound of yellow fever, rheumatism, scarlet fever and influenza." In 1872, the dengue raged in India. In the winter of the same year an epidemic of jaundice prevailed in Paris. In the early summer of 1873 many cases of jaundice were met in Chicago, and Nux vom. was the epidemic remedy. Bryonia alb., another "bilious remedy," was the one chiefly indicated in the dengue in Galveston, Texas (*Medical Investigator*, vol. x.).

#### MODIFYING INFLUENCE OF THE LESSER EPIDEMICS.

"It is a very singular fact that both in the middle ages and in modern times, the lesser epidemic which has generally preceded and preannounced the coming of the greater, is influenza" (Dr. Southwood Smith, Member of the General Board of Health, 1848-1854, London).

In the fall of 1858, Dr. W. Eggert, of Indianapolis, Ind., reported an epidemic of scarlet fever prevailing, and that Rhus tox. and Apis were the chief remedies. "Belladonna," says Dr. Eggert "has been of no use whatever." In March, 1869, he reported a change in the character of the epidemic. Belladonna, five or six weeks ago, was hardly ever indicated on account of the rash being papulous, but now it has to be called

on more frequently, for the rash has assumed a smooth form (*Medical Investigator*, vol. vi., pp. 116, 236)

What had changed the type of this disease? An epidemic of influenza had passed over the country, and the atmosphere, surcharged by a large amount of ozone, had become more highly inflammatory (*Ozone and Antozone*, p. 136).

Hahnemann, in January, 1798, records the prevalence of a mild epidemic fever of a remittent type that was promptly curable by *Ignatia*. In March, this fever assumed a different form, and now *Opium* was the indicated remedy in the majority of cases. In April, a severe epidemic of influenza appeared, different from that which had been observed five years previously. The attacks of fever were now changed, and *Camphor* was indicated, and only failed in about one case in a hundred. The point of interest in the report is that now the fever assumed more of an intermittent and inflammatory type, and was promptly relieved by *Ledum* and finally *Aconite* (*Lesser Writings*, p. 329). The influenza had modified both disease and treatment.

Influenza and therapeutics are likewise modified by other epidemics. "In 1860, diphtheria reappeared and, since then," says Dr. O. P. Baer, of Richmond, Ind., "all our catarrhal affections, for several years, have presented more or less diphtheroid symptoms" (*Medical Investigator*, vol. ix., p. 530.)

"In 1863, meningitis cerebro-spinalis, or more properly typhus stupidus, made its appearance, complicating all our diseases. In the fall months of 1870, typhoid fever prevailed in Richmond, Ind., and called for *Arsenic*. In December, the weather changed suddenly from warm to cold and the character of disease changed as suddenly. Catarrhal fever set in, complicated by meningitis; and *Aconite*, *Nux vom.*, or *Belladonna* were indicated at first, but finally the epidemic remedy, *Arsen. alb.*, was again needed" (Dr. Baer, *Medical Investigator*, vol. ix., p. 531).

In 1872-'73, a severe epidemic of influenza spread all over the United States from east to west, affecting both animals and man. "In New York, *Bryonia* was first required, and later *Lycopodium*; while in Philadelphia *Nux vom.*, and later *Phos-*

phorus cured the majority of cases" (Dr. Lippe, *Medical Investigator*, vol. x., p. 169). Dr. Paulson, of Council Bluffs, who studied the epidemic very closely, decided Sulphur to be the similitimum. His success confirmed his selection.

In February, 1873, a mild epidemic of influenza again prevailed in the region of Chicago. Now, Arsenic was the remedy. Cholera was coming a few months subsequently, and we detect its modifying influence (in the Mississippi Valley at least). Sulphur is a cholera prophylactic, and Arsenic is recognized as one of its most valuable remedies. As the character of the lesser epidemics is modified by the greater, so also is the therapeutics.

#### ENDEMIC INFLUENCE.

The epidemic may be modified to a certain extent by endemic influence.

"When the plague first broke out in the Indian army in Egypt, the cases sent from the crowded hospitals of the 61st and 88th Regiments were, from the commencement attended with the typhoid or low symptoms. Those which were sent from the Bengal battalion, when the army was encamped near the marsh El Hammed, were all of the intermittent or remittent type. The cases which occurred in the cold, rainy months of December and January had much of the inflammatory diathesis; and in the end of the season, at Cairo, Rhiza, Boulac and in crossing the isthmus of Suez, the disease wore the form of a mild continued fever" (Sir J. M'Gregor, *Cyclopædia of Practical Medicine*, vol. ii., p. 69).

Dr. Rush tells us that in Philadelphia, when the yellow fever appeared in 1793, "the frequent absence of a yellow color led to mistakes which cost the city several hundred lives" (Ibid). "We must carefully distinguish what may depend upon endemic influence; e. g., *Nux vom.* was, at a certain time, indicated for all toothache cases in Leipzig, while Puls. was indicated in the cases in Lausitz and *Cocculus* in Basle, and that in more than ninety per cent. of the patients" (N. A. *Journal of Homœopathy*, vol. iv., p. 302).

In 1874, whooping-cough prevailed severely in San Fran-

cisco, Cal., and Veratrum was the epidemic remedy; while at Chattanooga, Tenn., at the same time, it was promptly arrested by Ipecac. (Drs. G. M. Pease and D. G. Curtis, *Medical Investigator*, vol. xi., pp. 516-517).

In 1873, when Memphis was being visited by Cholera, then inflammatory dysentery, then yellow fever and malarial fever, Philadelphia's chief diseases were cholera infantum and morbus (severe), then dysentery, and then typhus fever, intermittent. New York reported Veratrum diarrhœas and Carbo veg. colics, closing the season with Baptisia typhoids; while Chicago reported severe Veratrum cholera morbus and infantum cases, then dysentery, and then typhoid (*Medical Investigator*, vol. x.). The type of the remedies indicated was, however, about the same.

#### THE CHANGING NATURE OF EPIDEMICS.

The fact that has impressed careful observers more than any other is the varying character of all the epidemic diseases. Sydenham, who lived during the frequent epidemics of plague, says: "I am convinced that epidemic diseases differ from one another like the North and South and that the remedy which would cure a patient at the beginning of a year, will kill him, perhaps, at the close. Again, that when, once, by good fortune, I have hit upon the true and proper line of practice that this or that fever requires, I can (with the assistance of the Almighty) by taking aim in the same direction, generally succeed in my results. This lasts until the form of the fever epidemic becomes extinct and until a fresh one sets in. Then I am again in a quandary and am puzzled to think how I can give relief." (*Sharp's Essays on Medicine*, p. 23.)

The same changing character has been observed in the different epidemics of cholera. In one epidemic, one class of symptoms have been prominent while, in another, they have been less prominent.

Hahnemann, who lived during the vacillating period between the plague and cholera epidemic, noticed this changing nature in the lesser epidemics of remittent, intermittent, typhus fevers, etc. But he soon found he had remedies by

which to name and to cure them. "When Ægidi visited Hahnemann in March 1813 in Köthen, Hahnemann remarked to him: 'You will have to treat a number of cases of intermittent fever on the Rhine; please observe whether there, also, as it does here, Natrum mur. corresponds to the epidemic constitution, and let me know it. If we regard the genius epidemicus we accomplish more quickly and with less trouble the desired end even in acute diseases, which usually are only efflorentia of the three chronic ailments.' Ægidi found it so. In one case, however, the paroxysms came back again, although Natrum had relieved for a while. Hahnemann, being consulted, advised Carbo veg.<sup>29</sup>, because this remedy had corresponded to the last year's epidemic constitution, and the relapse in the case might be considered merely as a continuation of the same. It cured at once. In another case, where the intermittent paroxysms, one every eight days, had continued for two and a half years, with swelling of the spleen and liver and œdema of the lower extremities, Hahnemann advised Cantharis<sup>30</sup>, because, two and half years ago, this remedy had been very efficient against the epidemic constitution which prevailed then, and also because Cantharis has the eight day type of the paroxysms. Cantharis broke the paroxysms; the remaining difficulties were cured by other remedies. Dr. Stuler, in Berlin, collected likewise observations on the effects of Sepia and Spigelia as epidemic remedies, and all this was done ten years before Rademacher's 'Erfahrungs Heillehre' was published." (Internationale Hom. Presse, vol. ii., p. 195.)

Hering says: "Intermittents appear nearly every year in a somewhat different form. One year Arsenicum, another Belladonna, or Antimonium crud., or Spigelia, Acon. in alternation with Ipecac., Nux vom., Ammon. mur., Natrum mur., Opium, Cina alone or in alteration with Capsicum, or Capsicum alone, Menyanthes, Calcarea, Pulsatilla, Carbo animalis or veg. Arnica alone or in alternation with Ipecacuanha, etc., curing the fever in a few days." (North American Journal of Hom., vol. iii., p. 308.) In 1870 Mr. G. Hawkes, in Delaware, found Natrum mur. indicated in three fourths of the cases, while next year it was called for only a very few times. In Jan. 1871,

Dr. C. Lippe of New York, writes: "The epidemic (intermittent fever) was cured this year in the most of the cases by *Arnica*." (North American Journal of Hom., Feb., 1872.)

In no disease perhaps is this change in the genius epidemicus more apparent, from year to year, than in whooping-cough. Hartmann truly says: "Every epidemic of whooping-cough is more or less distinguished from those which preceded it and has, therefore, to be treated in accordance with its own characteristic symptoms. This is, probably, the reason why Hahnemann's specific *Drosera* has not produced equally fine effects in all cases" (Diseases of Children, p. 357.) In 1859 *Corallium rub.* was the whooping-cough remedy in Detroit, Indianapolis, etc., (Drs. T. F. Pomeroy, W. Eggert, etc. in Medical Invest.) In 1874 *Drosera* was the epidemic remedy in Lewiston, Ill. (Dr. Stillman Med. Invest., vol. xi., p. 59) and in Oregon (Dr. W. E. Jones, U. S. Med. Invest., New series, vol. ii., p. 102.) In April 1875, *Kali carb.*, in powder, was the whooping-cough remedy in Hackensack, N. J. (Dr. A. P. Macomber. U. S., Med. Invest., vol. i., p. 375.)

The same changing character is also noticed in epidemics of influenza. But as these are forerunners of the lesser and greater epidemics they must necessarily be varied. In no disease perhaps has this changing nature been more confusing than in scarlet fever epidemics. Repeated failures have demonstrated that *Belladonna* is not always the specific. Dr. Lippe says: "The older practitioners will well remember what an important remedy *Ammon. carb.* was in the scarlet fever epidemic of 1840. Later, the same disease often yielded to *Capsicum* and in turn to *Nitric acid* or *Lycopodium*, and in later years to *Arum tri.* or *Apis mel.*, etc." (Med. Invest. vol. x., p. 171.)

In the winter of 1874 and 1875 *Belladonna* was the epidemic remedy in Tidioute Pa., and especially in an epidemic of influenza in March. In April, a severe epidemic of scarlet fever broke out in which *Belladonna* proved a valuable prophylactic, but not so satisfactory as a remedy, as dropsical sequelæ followed some of the cases. (U. S. Med. Invest., vol. i, p. 374.)

About the same time, this disease prevailed at Utica, N. Y

complicated with cerebro-spinal meningitis and diphtheria. Dr. L. B. Wells, who proved Apis in 1850, detected its application to certain of the cases attended with a sense of suffocation "as if they could never breath again," and he adds: "Apis has been a better remedy in scarlet fever than Belladonna." From the reports from various places, where the disease has been prevalent, it is noteworthy that, when Belladonna has been given, Rhus, Mercurius or Apis had also been needed to complete the cure. In September, Dr. C. C. Smith of Phil. reported great success with Apis, having no sequelæ and no deaths. In New Albany, and in the fall months, intermittents were complicated with the angina and subsequently Dr. McNiel reported Apis to be the chief remedy. The fall and winter of 1875 and 1876 being a hydrogenoid wet one, Apis was also found to be the chief remedy in the scarlet fever epidemic in Louisville, Ky. The physicians then avoided cold water and did not loose a case. (U. S. Med. Invest, vols. i., ii. and iii.)

#### A CONSTANT GENIUS EPIDEMICUS.

The changing character of all the epidemics has led many physicians to doubt the possibility of there being a constant epidemic influence. The very fact of constant change has led others to inquire: why the changes? There must be a more potent influence back of the most severe epidemics to thus change their type. And if it influences them it must also influence all the disease expressions met in a given year. Hahnemann, we have seen, recognized it and styled it the "genius epidemicus." Rademacher called it the "stationary epidemic constitution;" while Dr. Lawson, of London, named it "a pandemic wave" (Aiken's Practice of Medicine). All close observers, however, have come to recognize its presence as constant and all pervading. Rademacher found that at certain times the most different diseases were cured by one and the same medicine in the shortest time without any crises whatever. He thus practically solved the problem why, in the *Materia Medica*, nearly all forms of disease are mentioned, and why for one form of disease nearly all remedies are recorded.

Prof. Rapp says: After studying the provings, I learned that similia gives the key for the selection of the stationary epidemic remedy." The stationary constitution (*genius epidemicus*) occupies at certain times large portions of a country.

Meningitis cerebro-spinalis, which appeared in 1865 all over Europe, may serve as a proof that the stationary disease character is always a very extensive one (*N. A. Journal of Homœopathy*, vol. iii., p. 313).

We have seen that a study of the meningeal cases by Dr. Wells led him to select *Apis* as the remedy for the *genius epidemicus* or stationary constitution.

Dr. A. W. Woodward, of Chicago, believes that the remedy for the *genius epidemicus* of the past year, 1875, was *Ammon. mur.* (*U. S. Medical Investigator*, vol. iii., p. 278). In April, 1869, Dr. Lilienthal, of New York, reported that diseases take on an intermittent form, and that even in whooping-cough the epidemic remedy, *Arsenic.*, was indicated. The weather was wet and very changeable (*Medical Investigator*, vol. vi., p. 174).

Rademacher found, by careful observation, that even the so-called stationary epidemic constitution changed so that now *Cuprum*, then *Iron*, and *Natrum nit.* were the universal remedies, as he termed them. The question arises how is the *genius epidemicus* modified? It will be seen that Hahnemann attributed the acute disease to the action of the epidemic constitution upon the three chronic ailments. Grauvogl found that Rademacher's three remedies correspond very closely to Hahnemann's three chronic diseases or bodily constitutions. These Grauvogl renamed the oxygenoid, hydrogenoid and carbo-nitrogenoid constitutions, and found that now those of one class were most affected during one epidemic condition, and another during another, etc.

Hering, Gross, Rapp and others have applied Grauvogl's constitutions to the *genius epidemicus*, giving us a hydrogenoid epidemic constitution, carbo-nitrogenoid epidemic constitution, and an oxygenoid epidemic constitution. As the bodily constitutions change, from infancy to old age, and from year to year, so it must have been with the atmospheric constitutions. Now

applying these to the weather recorded before and during a severe epidemic we may get at the order of the changes in the genius epidemicus and the causes thereof. Preceding severe epidemics have been recorded "long-continued drought (oxygenoid weather), succeeded by torrents of rain forming excessive dampness (hydrogenoid weather), under the influence of which spring up inordinate growths, producing mouldiness and the blood spots and other colored vegetation that adhere to houses, furniture, clothing, person, etc., fostered by a steady elevated temperature, etc.—carbo-nitrogenoid condition—(Nature of Epidemics, p. 16.)

The carbo-nitrogenoid constitution seems to be the severe epidemic year, although Lord Bacon's aphorism has been confirmed that the "lesser infections of small pox, puerperal fever, agues, etc., in the preceding summer, and hovering all winter (hydrogenoid), do portend a great pestilence the following summer, for the putrefaction rises not to its height at once" (Cyclopædia of Practical Medicine, vol. ii., p. 68).

From Hahnemann's experience and that of others, we infer that the epidemic constitution changes every year, perhaps giving us the carbo-nitrogenoid epidemic constitution about every fourth year. Starting with 1860, the diphtheritic year, it will be seen that we had in 1863 the epidemic of meningitis cerebro-spinalis; in the fall of 1866 cholera; in the winter of 1869'-70 relapsing fever; and in 1873 cholera and yellow fever. This year, 1876, according to this calculation, is a carbo-nitrogenoid epidemic year. Just when the epidemic year begins we do not know, but from June, 1875, at least, it has been hydrogenoid. Whether this rule of three extends to days, weeks and months, as well as to years, decades and centuries, is an interesting and very appropriate question for centennial investigation by the whole homeopathic profession.

In conclusion, I think these inferences may be drawn:

1. That the greater epidemics exert a profound and long-lasting influence upon disease and therapeutics.
2. That the lesser epidemics are modified so as to exert a modifying influence.
3. That influenza is an erratic epidemic, modifying the pre-

vailing diseases, and pre-announcing the type of the coming epidemic.

4. That all the foregoing may be called "intercurrent epidemics," while, behind all, there is a genius epidemicus or stationary epidemic influence.

5. That although this may not change decidedly for a long sweep of years, still it is modified from year to year as the change in the indicated remedy for the genius epidemicus proves.

6. That the changes from year to year correspond to those of the bodily constitution.

7. That the lesser epidemics prevail during an hydrogenoid year, while the greater epidemics occur during an excessively carbo-nitrogenoid one.

8. That the upper and northern air being oxygenoid, this epidemic constitution is due to the projection of this air toward the tropical surface; the hydrogenoid is the reverse, while the carbo-nitrogenoid epidemic constitution is due to the rapid oscillation of both.

9. The epidemic years are ushered in gradually and successively like "waves" over the earth.

10. The only name we have for the genius epidemicus from year to year, is that of the indicated remedy.

Many other inferences might be drawn, but the limits of this paper will not allow.