

Wells (P. P.)

ERUPTIVE FEVERS.

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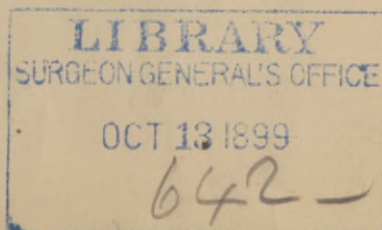
The science whose object is the deliverance of men from disease, presents itself in two divisions: prophylaxis and therapeutics, prevention and cure. Prevention is proverbially the better of the two. But physicians have not hitherto fully recognized the fact that the prevention of disease is their highest function and most important duty. Nor when this duty has been performed by them, have their services always been adequately appreciated; for men are slow to estimate aright a danger which has been averted. Less study has therefore been hitherto given to the prevention than to the cure of diseases.

The means of prophylaxis may be considered in two divisions:

1. Those of a general character, constituting what is known as hygiene.
2. Those of a specific character, or medicine.

Much earnest attention has been given to the prevention of disease by general or hygienic measures, and so much has been accomplished in this direction, that the development of hygiene or preventive medicine is justly regarded with pride by the Old School, as one of the chief attainments of modern medicine. It is almost wholly a modern science.

The idea of preventing disease by medicines taken internally by persons still in a state of health is also modern. It has not received the attention which its importance deserves.



It is one of the honors which gather around the name of Hahnemann, that he first suggested this idea and demonstrated its value by its successful application in most important epidemic diseases, viz: scarlet fever and Asiatic cholera. And it is a marvel that his followers so greatly neglected his suggestion. The value of the specific prophylactic medication advised by Hahnemann on the first appearance of cholera in Europe was clearly proved. He predicted the successful action of medicines before the disease had come under his own observation. His selection of these medicines must have been in accordance with some law and not a result of accident. As a matter of fact, he recognized the law of prophylaxis in the law of similars. That agent which produced on the living organism effects most like the phenomena of the natural disease, was its surest preventive. This was the law. The discovery of the preventive must therefore be made in the same way as that of the curative agent, viz., by a comparison of the phenomena of the natural and the artificial or drug-disease.

This law of specific prophylaxis can be practically available only in diseases which occur in groups or epidemics. The requisite similarity can be known only after the examination of numbers of cases of the disease; for no epidemic disease discloses all its phenomena in any one case. For this reason it is obvious that, even if we could foresee sporadic attacks of disease, we could not apply specific agents to prevent them, according to this law; because we could not know in just what combinations and proportions the morbid phenomena might occur. These might not be similar enough in any two successive cases to constitute the requisite specific doses likeness of drug and disease. And even in epidemics this relationship may be limited to the single one in which the greatest similarity has been observed. For epidemics, as they occur in successive years, are not identically the same. They require different curative remedies, and for the same reason must require different preventive agents.

We may not assume, then, an identity of prophylactics in successive epidemics bearing the same name.

VARIOLA : ITS PROPHYLAXIS.

In looking at variola and its relations to prophylactic agents, attention is first arrested by the claim of vaccine virus to be regarded as the first in importance, by its almost universal use, and the confidence given to it by the medical profession and the general public. It is not now our object to examine the grounds of this confidence, or the results of vaccination, but rather to place it in a light where its protecting power may be more rightly estimated than it generally is. In the first place, it will be readily conceded that it, to some extent, protects those susceptible to the action of the variolous poison. In the second place, it is equally certain that this protection is but partial; and, in the third place, that it is very uncertain. That vaccination protects, is proved by the fact that, many who have been successfully vaccinated receive no damage from exposure to air charged with variolous poison, or from contact with those who have the disease. The writer was successfully vaccinated 45 years ago, and the operation has been repeated many times since, without result. He has, in this time, treated many cases of small pox, and has, of course, been often in its presence; has handled patients in all states of the eruption, and never received the slightest injury. That the protection is partial, is proved by the numbers of those who, notwithstanding successful vaccination, have contracted the disease, and passed through all its stages and sufferings (in some cases with fatal termination), apparently unmodified by the supposed protector. That it is uncertain, is proved by the fact that those who have been vaccinated with success, and on whom the operation has been many times repeated afterward, and always without result, have yet contracted the disease in its severest form. The uncertainty is further proved by the case of one who was vaccinated in infancy, and many times afterward, without result, and who treated numerous cases of variola, sometimes four or five in one room, and consequently was fully exposed to infection, without taking the disease, till he was called to the last of a series of 25 cases, which was contracted from the 24th. This was a very mild

case, there were not more than half a dozen pustules in all, and yet he took the disease from this case, and in him it came in its utmost violence. Why was this? The attendance on the 25 cases was continuous, the succeeding cases being contracted from those which preceded them, in an uninterrupted series. This violent example of the disease resulting from contact with the last and mildest of the series, where there had been immunity while attending the preceding members, all of which were more severe, goes far to illustrate and prove the uncertain character of this prophylactic, even after there had seemed to be an immunity secured to the person so constantly and so thoroughly exposed to infection. It would be easy to multiply such examples, and thus to show that the proper place of the vaccine virus as a protection against attacks of variola, is far below that assigned it by professional and popular estimate. Indeed, in view of this admitted partiality of the success which has attended its use, the uncertainty of the protection it affords, and the accidents which sometimes follow vaccination, there are those who, on the whole, seriously question its value, as a preventive of variola.

After vaccination, medicines which stand in specific relation to epidemics of the disease may deserve a careful consideration. There are a number of those from which it is claimed protection has been realized, where given internally; *e. g.*, Varioline, Vaccinine, Sulphur, Thuja, Tart. Antimon., etc. That either or any one of them will protect the exposed, in all cases, is not to be admitted. It is claimed for each that it has been successful in some cases. But in order to insure a uniform success from any one of them, it would be necessary that each recurring epidemic should be a specific repetition of those which had preceded it, and each should be, in its specific characteristics, like the characteristics of the effects of the drug on the organism. This identity of elements at each succeeding epidemic is just what the disease will not present to us. And in resorting to the internal administration of medicines for protection, we must select for each epidemic that which, in its effect, is most like the characteristics of that epidemic. If each epidemic be carefully scrutinized as to its specific charac-

ter, and the right agent be selected afterward, according to the law of similars, there is, no doubt, much promise of good in its use as a protector of those who may be exposed to the dread infection.

Treatment.—When, notwithstanding all endeavors for protection, the disease is developed and becomes a subject of treatment, it is found exhibiting very various phenomena in the different periods of its progress, as, for example, in that of its invasion, eruption, suppuration, and desiccation; and there are two methods of dealing with the problem of cure, as presented by them. One, to find a single remedy which, in its pathogenesis, has produced symptoms like those of each of these periods, and which thus answers the requirements of the law of cure for the whole case, and for all cases. The other seeks a remedy for the peculiar phenomena of each period, as the case progresses. No doubt, if the remedy can be found which more than all others, has a pathogenesis like the different elements of the succeeding periods of the disease, the difficulty of its treatment is reduced to a minimum. The cure will be speedy and safe. But it is quite another question whether such a remedy has been found. The claim of Thuja to this high distinction, set up by Wolf, of Berlin, has hardly been sustained by clinical success. Many cases have certainly been cured by it, with singular promptness and completeness, but in other cases it has seemed to fail. This want of success, it is true, may have been the consequence of the unskilful use of the remedy, as may happen in any other disease, and with any other remedy. Or it may have resulted from an imperfect knowledge of what should have been reasonably expected; and the change of remedy, and the conclusion of failure, may both have been hasty and unwarranted. But it would seem to be quite as reasonable, in view of the ever-varying phenomena of successive cases, and the light of experience in dealing with other forms of disease, that the absolute specific for variola, in all cases, has not yet been found, and is not likely to be. Thuja may be of great value. That it is a specific for all cases, in all circumstances, and in all combinations of symptoms, may be held as something more than doubtful. In all

the range of our knowledge of other diseases and other remedies, nothing like a universal specific for any form of disease, has been found. It was once supposed that Cinchona was such a specific for intermittent fever, Sulphur for psora, and Belladonna for scarlet fever. But experience has proved that these suppositions are not well founded. The more recent suggestion of Tartar emet. as such a specific for variola is one better sustained by reason of practice. The remedy has its place with others in the list of those which have cured the disease, and may be regarded as of value. The same may be said of Vaccinine and Varioline. Both have been regarded by a limited number of practitioners, as specifics; both are said to have cured cases of the disease with singular promptness, and both, in other instances, have as signally failed to do any good.

There is no reason to suppose that the true homœopathic treatment of variola will be found any exception to the general rule, which requires the adaptation of the remedy, which is to accomplish the cure, to the specific elements of the case to be cured. In order to find the one appropriate to a given case, reference must be had to the period of its development, and the phenomena present at the time of the first prescription. If it be at the beginning of the invasion, and the attack of average severity, there will be successive chilly shudderings, alternating with sensations of heat, great bodily restlessness, pain and throbbing in the head, with congestion of head, face and eyes, these last being watery and suffused; great pain in the back, which is sometimes accompanied by stiffness, hardly admitting of motion, or this sense of rigidity may be accompanied by a sensation as if the back were paralyzed, pain in the epigastrium, often severe, with nausea, retching and vomiting. If the case be a severe one, there will be early delirium, which will increase in violence as this period progresses to that of eruption. The skin becomes hot and congested. The disposition of mind is desponding. In children especially, the brain affection, besides the brain, may show itself by coma, frightened starts in sleep, grinding the teeth, and convulsions, and these symptoms are present, especially in

the evening and at night. The above is a fair picture of a case of variola, in the period of invasion. It is for this, oftener than otherwise, that the physician is first called to prescribe. He may say "variola," and give a supposed universal specific for the malady, and so save himself all trouble; or, he may, from these elements, seek the remedy best adapted to them, as a curative, according to the law of similars, which we may suppose he professes to obey. This may be more difficult, but, it is submitted, if the responsibility of the treatment be on him, the physician has no choice but to overcome this difficulty. He has all the elements of the case, with which he has to work, when he has mastered those of this period. He cannot look forward to the periods beyond, not yet developed, and therefore, with these, at this time he has nothing to do.

Taking the symptoms of this period, as we have given them, we have a very complete picture of them in the pathogenesis of Belladonna, Bryonia, Rhus, Arsenic. and Antimon. tart. If the symptoms of cerebral affection predominate in the case, and are of a marked character, as given above, there can be no doubt of the similarity of Belladonna, in its effects, to the symptoms of the case. If, on the other hand, the gastric elements prevail, Bryonia will have the preference. Or, if the vomiting be very violent, with great prostration of strength, and cool or cold, damp skin, great anxiety and restlessness, Antimon. tart. will be called for. But, if with the nausea or retching and vomiting, there be severe pain in the epigastrium, of a burning character, with diarrhœa, Arsenic. will be better. This remedy will also be especially called for if in this period there be indications of the case assuming an adynamic character. Rhus may be called for by this last indication, in the absence of other signs calling for Arsenic. It will have the preference if the restlessness and pain in the back predominate. We may reasonably expect from either of these remedies a mitigation of the violence of the attack, provided it is rightly selected and given, and is not alternated with either of the others, or with any other, and, as a general result, the case will come to its second period in a condition more amenable to the action of remedies appropriate to its phenomena.

