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YELLOW FEVER

AND ITS

TREATMENT HOMEOPATHICALLY;

TOGETHER WITH SOME GENERAL REFLECTIONS

UPON ITS

ALLOPATHIC MEDICATION

AND

NON-LOCAL ORIGIN.

BY

AN ALLOPATHIST AND A HOMEOPATHIST.

31719
GALVESTON, TEXAS:

PRINTED AT THE "DAILY CIVILIAN AND GAZETTE" BOOK AND JOB OFFICE.

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PREFACE.

A few words of explanation are necessary to render this little pamphlet clear and intelligible in its aims and purposes, and to explain its extraordinary aggregation of matters, which may be considered as almost totally incongruous. In the first place, its prominent object is to place the Homeopathic treatment of yellow fever before the public in such a point of view as would render its statements and pretensions worthy of every confidence. For this purpose, a key is afforded whereby the *modus operandi* of their infinitesimal doses of medicine are made patent, and their power of controlling diseased action rendered evident. This accomplished, the public have no more right to question its own facts in its favor than they have to question those of the old system. But still farther, to strengthen its claims upon the consideration of the public, a status has been conferred upon it by a review of it by Dr. Forbes; and, although that review was intended to crush it out as a system of therapeutical medicine, yet, as will be seen by our quotation from that performance, he has defined its position before the world with so much justice and accuracy as will fix its claims to the very character which he labored to deprive it of, and will forever give it stability and a formal recognition among mankind, as a successful means of curing disease. But the Southern mind has been so little directed to its claims as a system of medication, that incredulity as to its powers, generally prevails; hence the effort to place it before our communities in its true character—that is, as a great system of curative medicine—standing, in this respect, side by side with the old.

The two short chapters—one on the non-local origin of yellow fever within our borders, the other on the general principle of treatment of the disease—were intended (the former by implication and inference) to show the efficiency of quarantine in excluding it from our shores; and the latter, to restrain a meddlesome criminality on the part of doctors, nurses, and officious intermeddlers, in giving medicine to cure it.

W. R.

PART I.

HOMEOPATHY AND ALLOPATHY.

WRITTEN FOR THE "SUNDAY TELEGRAPH."

Two systems of treating disease now occupy the attention of the world, viz : Homeopathy and Allopathy. The latter, confident in its past history, its great truths being deduced from the earliest records of medicine, and studiously systematised into a grand whole, imposing both for the symmetry and solidity of its structure, looks with disdain upon its *parvenu* rival, and its efforts to overthrow it. Hence ridicule and contempt are the only weapons it has deigned to employ against it ; and truly it would merit no other, if Homeopathy sought to establish itself upon the downfall of the great principles of Allopathy. But such is not the fact. The two systems are so entirely distinct, that the truths of the one do not impugn those of the other—Homeopathy may assert its great formula, "*semilia similibus curanter,*" without the slightest conflict with a single principle of Allopathy ; and *vice versa*. The reason of this want of conflict between the principles of the two systems, and the difference in the relative doses of medicines, will be found to have its origin in the distinct media, which are employed to reach the pathological point intended to be acted upon by their respective remedies. The Allopathist, in order to reach this point, gives his large doses, which by assimilation arrives at it through the blood, and asserts its presence by a con-

trolling effect upon the parts to which it is addressed. But the Homeopathist reaches the seat of the disease through a different medium. By the provings of his remedies, he knows precisely the nerves or the system of nerves to which they will address themselves, and these are precisely the ones involved in the disease for which he prescribes. By adopting the most attenuated form in the administration of his remedies, spiritualizing them as it were into a mere *aura*, they reach directly the nerves, which become the media of their transmission, thus avoiding the transmuting process of assimilation, by which they would be destroyed. We have an illustration of this mode of operation in prussic acid, nicotine, chloroform, ether, &c., which evidently reach the great central organ of the nervous system, without traversing the route of the blood vessels.

But the most vulnerable part of Homeopathy, and that which exposes its pretensions to ridicule, and calls in question its validity as a system, is its infinitesimal doses of medicine. The above suggestion as to the medium through which they operate, ought to remove or greatly lessen the force of this objection; a fact, however, can not be controverted by *a priori* reasoning, and that these doses do cure diseases is not furnished by ignorant charlatans but by associations of the most scientific men of both Europe and America, whose testimony stands upon as unimpeachable grounds, as any presented by Allopathy, in favor of its own results in the treatment of disease. Let those who cavil at Homeopathy, upon this account, be certain that these cavils have some other foundation than their own ignorance and prejudice, before they parade them before the world; and until they can show that their doubts are based upon facts and deductions, they are unworthy of a moment's consideration.

But as illustrations have more force on some minds than facts themselves, let me ask one of the objectors if he can state precisely the amount of miasm requisite to produce an ordinary chill and fever; whether a smaller or larger dose of this miasm, or altogether a different one, produces continued or congestive fever; and finally, if he has weighed in a balance the virus of small pox, measles, scarlatina, the zy-

motie poison of yellow fever, etc? Although these are the most deadly morbid agents known, yet are they so inappreciable in quantity as to defy us in our attempts to place them in any relation that would enable us to define them as matter? Yet we cavil at Homeopathy, notwithstanding she has not exceeded the limits of appreciable materiality in the attenuations of her remedies. Until we are better informed upon these and correlative subjects, let us put aside our arrogance and cease to arraign Homeopathy for setting forth her infinitesimal doses of medicine, and claiming for them remedial powers.

But again it may be objected, even admitting, that the remedy goes directly to the nerves implicated in the disease for which it was prescribed, how does it cure it, seeing that it produces effects coincident with the morbid phenomena previously existing in the parts? If its remedial powers are thus coincident with the morbid force, should it not dynamically rather increase than remove this force. If *a priori* reasoning was conclusive upon this point and the inference deduced from the hypothesis that the remedy exerted its powers in virtue of its dynamical force in controlling the morbid action, then nothing could be clearer than the result arrived at by this process of reasoning, viz, that the remedy would increase and not remove the disease. Homeopathy must, therefore, abandon either its theory of dynamic force for its remedies, or all pretensions to cure diseases. But the latter it cannot abandon, because it stands upon the basis of fact and observation; it must then adopt some other theory, to solve the problem of the *modus operandi* of its remedies.

A fact which conflicts with our preconceptions, without a theory to explain it is of doubtful authenticity—the mind must generalize it, and refer it to some known phenomena, with which it can be assimilated, ere it yields it implicit credence. Let us see if this fact can be thus generalized and made to assume a credible place among the admitted phenomena of science.

It is well known to physiologists that all organized beings contain within themselves a system of vital chemistry, under whose guidance their living economy is regulated, governed

and preserved. It is in short this vital chemistry which was the architect of their diversified structures, and preserves them through the period of their existence from the destructive powers of the elements which surround them. It is the steam engine which propels existence for a time against the adverse current of the general laws of nature—the heart is the force-pump which sends the current to supply the material out of which the power is generated for keeping the machine in motion. Every deleterious agent or miasm which acts upon us, produces a responsive effect upon this controlling power of our systems. Every thought, every pulsation of our hearts, every breath we draw, derive their dynamism from it, and tend to disarrange its equilibrium. Disease, then, may be defined to be nothing more than a disarrangement of the vital chemistry of the parts affected, and its removal—the restoration of the harmony of its elements, by countervailing the morbid impress which has disturbed them. By the Allopathist this is effected by sending his remedies in dynamic force through the sanguiferous system, either to the part affected or neighboring organ, to arouse secretion, by which the peccant matter is thrown off. These views of the Allopathic *modus operandi* of remedies here and elsewhere presented, are too general to be strictly true, perhaps, in all instances, but they conform sufficiently to the rule of action to serve the purpose of illustrating the difference between the two systems of cure under consideration.

Before we proceed to state our theory of the *modus operandi* of Homeopathic remedies, it is necessary to recapitulate to some extent, what has been before said of the media through which their effects are produced, in order that the theory may stand in immediate connection with that view of the subject.

Nearly all diseases are produced by miasm, including under this head every species of gaseous poison, whether emanating from the animal, vegetable or mineral kingdom, but devoid of any recognized chemical or physical qualities. These we inhale in the air we breathe, in infinitesimal quantities; therefore these noxious agents do not enter the system through the digestive and sanguiferous apparatuses, and

even if swallowed with our food, it is inconceivable that they can be amenable to the laws of assimilation, as gross materialities are, since these have, and those have not, properties which fit them for this process. Then they must find their way through its nervous filaments, to the great central organ, the brain, and by it are referred to the sensitive extremities of those nerves which are most appropriate for giving expression to the injury done—in other words they become the seat of disease. Homeopathy, by attenuating its remedies until they become almost infinitesimal in their quantities, fits them for taking the same route, and by its provings of its remedies, it sends them direct to the seat of disease where they encounter the poison, to which they present an incompatibility in the chemico-vital relations of the parts and neutralize it *in situ*.

Then let us state in one sentence the differences between the two systems of cure: Allopathy sends its remedies by the blood vessel system to the seat of disease, and stimulates the parts by their force to secretion, while Homeopathy reaches the same point by the same channel which was taken by the poison which produced the disease, and offers its remedies as chemico-vital incompatibilities to the cause of the mischief. What conflict, then, is there between them? May they not both be equally true, and equally available in the treatment of disease?

Homeopathy works no miracles—does not even deal in the marvelous or ridiculous, when she undertakes to cure, and does cure disease, with her incalculably attenuated remedies. On the contrary, her means are in conformity with the deductions of the strictest rules of phylsophysing—she encounters an infinitesimal cause of disease with an infinitesimal antidote. Her achievements are performed without a dire struggle for supremacy, between the dynamic forces of disease and remedy, as happens in the coarse materiality of Allopathic practice, in which the best that can be accomplished is a mere substitution of one malady for another. The cures of Homeopathy, then, have this advantage over the old practice, that they are, so far as the patient is

concerned, accomplished, *cito, tuto, et jucunde*, leaving no residuum of remedial infliction to be struggled against in a tedious convalescence.

The foregoing article was written to show that the true ground of difference between the old and new systems of practice, was simply in the application of their Therapeutics, and to indicate the cause or reason of that difference. With this key to the solution of the *modus operandi* of the infinitesimal doses of the Homeopath, the reader will have no difficulty in admitting their potency in controlling morbid action. But we make a great mistake when we suppose that the Homeopath is ruled down to the infinitesimal mode of administering his remedies; on the contrary, as long as they are given upon the *similia similibus* principle, he is within the legitimate sphere of his profession, although he should adopt Allopathic doses of medicine in his prescriptions. The enquiry may here be made: "Why does he not, then, adopt them?" For the simple reason that if he did, the small number of remedies that possess the *similia similibus* principle found in that *materia medica*, when given in bulk, would leave him almost without the means of combating disease. Remedies only acquire the property of creating systemic disturbance, by which they produce simulative diseases, by attenuations, and by these means they are carried directly to the sensitive nervous centres upon which their effects are produced. Hence the Homeopath, from necessity as well as choice, adopts his infinitesimal doses.

Another great mistake we make in the South is, that a Homeopath is necessarily ignorant of every qualification that a physician should possess. In this we are greatly mistaken. In their numerous schools, both in Europe and America, the different chairs are filled by men of great erudition who teach to their classes anatomy, physiology, pathology, therapeutics, chemistry, &c., as thoroughly as they are taught in any Allopathic school. Hence their writers, particularly in Germany, from which country their founder was driven, have been enabled to triumph so far over their erudite rivals as to have the new system restored to its nation-

al birth-right, which they could not have done had they not been able to meet them in every department of medical science in which they chose to make their attacks.

But to show the true character of the founder, and his followers, and the actual position of the science at that time, we will here quote an article, contained in the British and Foreign Medical Review, in the Jan. number of said Review, 1846. The article was written by the Editor, Dr. John Forbes, and was occasioned by a publication made by Dr. Henderson, Professor of Pathology, in the University of Edinburgh, detailing a number of cases treated by him upon the New System. Preliminary to the review of Dr. H.'s book, a high tribute of respect is paid to the founder of Homcopathy, whom he pronounces to have been a man of great learning, "industry, untiring energy and perseverance," who founded a system of medicine as ingenious as many that preceded, and destined probably to be the remote, if not the immediate cause of more important fundamental changes in the practice of the healing art, than any that have been promulgated since the days of Galen himself. In the history of medicine, the name of Hahnemann, will appear in the same list with those of the greatest systematists and theorist, unsurpassed for the ingenuity and originality of his views—superior to most in having substantiated and carried out his doctrines into actual and extensive practice. By most medical men it was taken for granted that the system was one, not only visionary in itself, but was the result of a mere fanciful hypothesis, disconnected with facts of any kind, and supported by no process of ratiocination or logical inference, whilst the author and his apostles and successors were looked upon either as visionaries or quacks, or both. It is but an act of simple justice to admit that many of his followers have been, and are sincere, honest, and learned men.

"On these grounds then it appears to us reasonable that the claims of Homeopathy, regarded as a system of medical doctrine, ought to be admitted so far as to be entitled to investigation at least; and in undertaking such an investigation, we have no more right to reject the evidence supplied by its professors than we have of rejecting any other evidence in favor

of any other medical doctrine, theoretical or practical." Pages 4 and 5. Again, page 21. "No doctrine, however ingenious, not based upon positive demonstrable facts, will any more be regarded but as a piece of poetical speculation, which indeed may amuse the fancy, but can never influence the conduct of scientific men. But Homeopathy comes before us in a much more imposing aspect, and claims our attention on grounds which can not be gainsaid. It presents itself as a new art of medicine ; as a mode of practice utterly at variance with that long established in the world ; and claims the notice of mankind on the irresistible grounds of its superior power of curing disease and preserving human life. And it comes before us not in the garb of a suppliant, unknown and helpless, but as a conqueror, powerful, famous and triumphant. The disciples of Hahnemann are spread over the whole civilized world. There is not a town of any considerable size in Germany, France, Italy, England, or America, that does not boast of possessing one or more Homeopathic physicians, not a few of whom are men of high respectability and learning, many of them in large practice, and patronised especially by people of high rank. Numerous hospitals and dispensaries for the treatment of the poor, on the New System, have been established, many of which publish reports, blazoning its success not merely in warm phrases, but also in harder words, and still more hard figures of statistical tables."

In commenting upon those furnished by Dr. Fleishman Superintendent of the Charity Hospital of Vienna, he remarks, page 26. "Not merely do we see thus cured all the slighter diseases, whether acute or chronic, which most men of experience know to be readily susceptible of cure under every variety of treatment, and under no treatment at all, but even the severer and more dangerous diseases, which most physicians, of whatever school, have been accustomed to consider, as not only needing the interposition of art to assist nature in bringing them to a favorable, but speedy termination, but demanding the employment of prompt and strong measures to prevent a fatal issue in a considerable proportion of cases. And such is the nature of the promises that there

can hardly be any mistake as to the justness of the inference. Dr. Fleishman is a regular, well educated physician, and as capable of forming a true diagnosis as any other practitioner, and he is considered by those who know him, as a man of honor and respectability. We can not, therefore, refuse to admit the accuracy of his statements as to matters of fact. The amount of deaths in the fever and eruptive diseases is certainly below the ordinary proportion." On next page, in continuation of his remarks on Dr. F.'s report, he says: "But the results presented to us in the severer internal inflammations are certainly not such as most physicians would have expected to be obtained under the exclusive administration of a thousandth, a millionth, or billionth of a grain of phosphorus, every two, three or four hours. It would be very unreasonable to believe that out of 360 cases of pneumonia, 224 cases of pleurisy, and 105 cases of peritonitis (in all 629 cases) spread over a period of eight years, all the cases except the fatal ones (27 in number) were slight, and such as would have seemed to us hardly requiring treatment of any kind. In fact, according to all experience, such could not be the case. A few of these, pneumonia for instance, we have reason to know were not of this character. A few of these cases are reported by Dr. F. himself, and we have ourselves had the statement corroborated by the private testimony of a physician, not a Homeopath, who attended Dr. F.'s wards for three months. This gentleman watched the course of several cases of pneumonia, and traced their progress by physical signs through the different stages of congestion, hepatization and resolution, up to a perfect cure, within a period of time, which would have appeared short under the treatment of Allopathy."

What further testimony would any one require, not blinded by prejudices, to convince him of the power of Homeopathic doses to cure diseases? But what says Dr. F. to these admissions. "For reasons already stated, no conclusion favorable to Homeopathy can be thence adduced." A volatile Frenchman would certainly have shrugged his shoulders, and elevated his eyebrows up to the very top of his forehead, at this remarkable announcement, and ejaculated, "Perquoi;

Doctor?" He answers, because the Homeopathic practice being new, its pretensions to cure diseases by doses such as above specified, must undergo the *experimentum crucis* before they can be received as admitted facts.

I have no doubt any Homeopath would readily join you in your incredulity, as to the cures effected by the doses you have specified, any one of which may have been administered indifferently, and selected from your list without any regard to the immeasurable difference in their sizes. You have assumed a recklessness of statement in regard to doses, that would mislead your reader and induce him to believe that the Homeopath was perfectly indifferent to his attenuations, provided they were high enough; or that a millioneth, a trillioneth, or a thousandth part of a grain, was regarded by him as mere equivalents in producing results.

It is not surprising that these cures, in order to be believed as resulting phenomena, from the administrations above cited, must be subjected to the tests he proposes. Homeopathy must submit to undergo the humiliation of standing in the pillory, side by side with *Nihilopathy*, until Dr. F. can decide upon their respective merits in the cure of disease; but we fear that the Dr., by no process of calculation devised yet by man, can approximate the period when such a trial could be brought to a close, since the patients of the former are likely to have administered to them the millioneth or billioneth part of a grain of any of these medicines, whilst those of the latter have even just nothing at all given to them. Now let any one—be he of the Old, New, or any other school—state the difference between the patients, as to treatment, and thence deduce the end of the experiment if he can—both being negatively treated.

But the Dr. was greatly wanting in courtesy to this new system of medicine, which I have christened *Nihilopathy* or he would have proposed, in all fairness, to subject Allopathy on one side, and the New system on the other of innocuous *Nihilopathy*, to the *experimentum crucis*, by which means he could have determined which of these was the most trustworthy savior of mankind. This would have been not only an act of simple justice to the two contestant pathies, but

also to *Nihilopathy*, which according to his argument deduced almost *ab origine mundi*, had had no opportunity to evince its powers of curing disease, owing to the intermeddlesome interference of medication in all stages of society. But if this *experimentum crucis* had resulted in favor of Homeopathy, no conclusion thence deduced would have availed any thing in establishing its claims, to be considered as a true system of medication, seeing that it is inconceivable that the infinitesimal doses relied on to produce these results could have had any such an effect. Ergo, the zymotic poison of yellow fever, and other reputed contagions, being infinitesimal in their attributes, it is inconceivable that any such results as have been referred to them, could have been produced by them. But as his favorite auxiliary, in such emergencies, the *vis medicatrix*, can not be invoked, to account for these diseased phenomena, there still remained to him the *vis aegrostatrix*,* upon which he could have relied to assist him to a solution of them, and thus have saved himself from the humiliating admission that infinitesimals of any sort can be operative.

His admissions nevertheless contradict his averments as to his want of confidence in the operative power of *their* doses, in contra distinction to *his* doses, because no one claims that such as he sets down would be operative—since he concedes that Allopathy would have been perfectly satisfied with these results, if they had occurred in that practice. As curative systems, then, they stand upon the same ground, and must be regarded as equally available, or equally nugatory, so far as the treatment of disease is concerned. Indeed, he claims no superiority, in this respect, for the old over the new system, being satisfied if the former can maintain an equality with the latter in its achievements. That we have not misstated the purport of his admissions, we quote in point, page 28. After reciting a number of cases treated Homeopathically by Dr. Fleishman, he says: "As we advance to the still more dangerous diseases, we find the loss proportionally greater. The only cases in the list, which do

* As there exists a *vis medicatrix*, I see no reason why its counterpart ought not to have a place, at least in our nomenclature. The above word is offered to supply this deficiency.

not seem, on first sight, to come within the above category, are the cases of endocarditis and pericarditis (31) which are all reported cured. These are, no doubt, severe diseases, and this may seem an uncommon amount of success ; yet when it is considered that the number of cases is not great, that the diagnosis of endocarditis, and even pericarditis, is less easy and certain than that of many other diseases, and that it is not so much in their primary condition as in their ultimate effects, that these diseases are dangerous, we believe that even the degree of success here recorded can not be admitted, in fairness, as any deviation from the ordinary events in Allopathic medication.

What is this but a studied argument to prove that the success of Homeopathy, in the treatment of a class of diseases known to be dangerous, may be accounted for under certain supposed contingencies, whereby Allopathy could secure to itself the benefit of a peradventure, by which it might be enabled to claim a possible success equal to that here detailed. But is it rational to suppose that all these cases were treated in their primary condition, in which we are led to believe that they are easily cured ? Besides, is it probable that Dr. F. was deficient in medical records and hospital reports, that he could not have turned to his authorities and produced an equal number of cures by Allopathy, if such a list had existed, instead of resorting to a disingenuous hypothesis in order to depreciate the success of Homeopathy ? or that the credit of her cures might be held at least in abeyance by ingenious interpositions of suppositions, until Allopathy might make its appearance side by side with her ? His whole object seems to be to depreciate the cures of the New System, so as if possible to make and keep honors easy between it and the old.

But his attack upon Homeopathy has resulted much more disastrously to the old than to the New System. For the verification of this statement, I appeal to any one who has read his book ; and venture to predict that the result of his reading it, has been to give him a much more exalted idea of the New System, and corresponding depreciated one of the old. If he were to be indicted for a libel,

on account of this attack upon Homeopathy, I opine that it would puzzle a Philadelphia lawyer to find the flagrant point in it upon which a prosecution would lie. It must be admitted nevertheless, that he expended a certain amount of innoxious, but "facile ridicule," upon a certain effete part of Hahnemann's system, as delivered to the world in a moment of excited enthusiasm, when he had made the great discovery of the dynamitization of his remedies by attenuation, and believed that the process could be carried almost ad infinitum; but whether the learned Editor intended any thing malicious or not, is not rendered very clear by any future development of his purposes. The next averment he made, which might be construed as intended to be prejudicial to the New System, was that he could not yield his belief in the operative powers of these doses in the cure of disease. But this want of belief on his part was so entirely a matter personal to himself, that no bad effect to Homeopathy could result from it except, by operating upon minds as much overshadowed by prejudice as his own. But the learned Editor had informed us previously, that the same amount of credibility would be yielded to the statements made in its favor by its advocates, as there would be to the statements made in favor of any other system; yet in the face of this just and reasonable declaration, he denies that Homeopathic doses are operative, although the fact is attested by thousands, yea clouds of witnesses, whose respectability, truthfulness, and ability to make correct observations and note results, he will not venture to question. But why does he thus deny their powers? I suppose it is because his conclusions are deduced from the high attenuations of Hahnemann, from which he seems afraid to separate himself, lest he should surrender the only battery from which he can throw a shot to annoy his adversary. If he had the ingeniousness to disentangle himself from these cobwebs by which he permits himself to be enthralled, for the sake of the supposed advantage ground they afford, perhaps he might change his point of observation, and cease to struggle against difficulties of his own creation.

But he not only denies their power to cure diseases, but also that of producing the effects upon the healthy human

subject, as announced in the provings of their remedies. In order to show the unreasonableness of this inference, we must remind the reader that these provings of their almost illimitable materia medica, are and have been, simultaneously conducted, and repeated over and over again, in every country embraced within the limits of Christendom, with such a uniformity of result as to enable practitioners in every clime in which the New System is represented, to select the same specifics for the same symptoms. Could such a uniformity of result be produced by any system of frauds and collusions, even the most perfect and extensive that was ever devised by the combined ingenuity of men, in favor of this or any other delusion ever practised upon the world? But as this denial here given to the operative powers of Homeopathic doses of substances administered in health, and the reasons assigned for that denial, are the most important of the series of objections made to the New System as a true one for the cure of disease, it must therefore receive something more than a mere passing notice.

This denial purports to be based upon the inertness of some of the most important substances here introduced as active agents, of which ounces, nay pounds, may be gestated in the stomach without any other effect than the mere inconvenience of bulk. The Homeopath, without a moment's hesitation, will yield his assent to the truth of this statement; but will subjoin this simple counter statement, that he never claimed for them, any virtues or potences until they were conferred upon them by attenuations as to their inertness in bulk; that is entirely an extraneous matter which has nothing to do with the question of fact long since established by the above process. But every body seems to halt before this appalling sclecism, and demands to know: Why are substances, naturally inert in bulk, active in a state of high attenuation? *Causa latet vis est notifima* is true in this as in many other instances. If the reader will take the trouble to remember that it has been heretofore explained as a nervous phenomenon, he need not be startled by its apparent incongruities in its effects in its two states, or its non-effect in the one and activity in the other. But when a

fact is established by numerous and indubitable proofs, all doubts arising from our inability to account for it should have their end in rational acquiescence. But is this fact thus established? If any fact in history, science, or any department of human knowledge, was ever so established, then on equal grounds has been established, that of attenuations conferring active powers upon substances which had relatively to the human system no such powers anterior to its being subjected to that process, and in developing a new order of properties in those which, when, administered in bulk, were known to produce definite effects upon the human organism. This great and important fact is placed beyond all question or cavil, by its being made the basis of a grand system of practical medicine, and the concurrent testimony of thousands of observers, learned professors many of them, converts from the old school, men of talent and abilities, who are every where testing it by repeating experiments either to confirm what others had stated, or satisfy their own minds, as to these reputed results; yet these furnish but a tythe of the proofs going to establish it, that is derived from the thousands of physicians who practice the New System as an healing art, daily and hourly, among all classes of patients, in all ranks of life, throughout the civilized world. What a delusion here startles the world by the magnitude and grandeur of its developments—a delusion starting seventy years ago, from a given point, spreading thence over half the habitable globe, overturning old systems, trampling under foot dogmas thousands of years old, and now proclaiming itself the champion of the age in the healing art, and no one to oppose its triumphant career, except the learned Editor of the aforesaid Journal. His courage is certainly commendable, but we can no more admire his prudence than we can that of a certain knight who fell into a serious difficulty with a wind-mill. But is it to be credited that Dr. F., by expressing a sneering skepticism as to the value of these provings of their materia medica, expects to overthrow, the pelcon-upon-ossa testimony that has been presented before him, without the aid of Jupiter's thunder? If he does, then the only curative measure that is applicable to

his case, is to give him over to the solitude of his own meditations, as from these alone we can derive that solace which wounded vanity ever craves, after being defeated of its object.

The last proposal of the *experimentum crucis* to be applied to the provings of the remedies of the New System, certainly betrays a mind in the last stage of cynicism, brought on, perhaps, by an agony of fruitless effort to overthrow that which it found it could not overcome. Could any one, unless he were nearly demented by blind rage, have asked or proposed, as an act precedent to his admissions of these provings, that his right to demand a parallel number of healthy persons should be set down to record all their sensations for several days after taking no medicine, must be admitted. *This the Homeopathist can not give us.* No man of sane mind could ever have seriously coupled his assent to a given proposition upon such silly terms as are here set forth; therefore, unless we are to understand his last *experimentum crucis* to be nothing more nor less than a contemptuous sneer at the New System and its followers, it is as meaningless as it is unworthy of the source from which it emanated.

Yet, to Dr. Forbes, Homeopathy is more indebted than to any other writer on his side, for the respectable antagonism to the old system, which it now presents to the world. In examining its claims to be considered as a great but novel system of the healing art, in the true spirit of a lofty criticism, he placed her side by side with the old; and in this position her pretensions were canvassed. This high position will ever hereafter screen her from low cavilings of ignorance, interested scurrility, and blind prejudice; and whoever approaches her now, with the view of criticism, must do so with the becoming dignity of a scholar, duly impressed with the great importance of his subject. The reign of taunts, sneers,^v and "facile ridicule," so far as applying them to Homeopathy is concerned, is now over, and he who should hereafter avail himself of these ignoble weapons for such a purpose, will find that he can harm himself with them, but can do nothing more.

Regarding Dr. F.'s as the text book on his side of the question, we have employed much more time and space upon it than perhaps, we should have done, had we had a regard simply to its isolate merits alone, however great these may have been.

Having now, we think, fairly established the operative power of Homeopathic doses of medicine, in controlling morbid action, and having offered a plausible theory of their *modus operandi*, which, when applied to that difficulty, removes and explains it, with an ease and facility which immediately obtains the acquiescence, of the reflective reader as to its truthfulness, we now pass to other subjects, of which we propose to treat in our subsequent remarks, which will have reference principally to yellow fever, the laws which govern its propagation, and some general considerations upon its therapeutical amenibilities.

PREFACE TO PART II.

Having written a succinct account of the epidemic, as observed by me in both Galveston and Houston, Texas, during the summer and fall of 1867, my labors here might have ceased; but finding so little written in medical books that could be relied on in practice, especially to meet not only every stage of the disease, but the ever shifting phases of this protean monster, and knowing the deep horror, and even terror, with which it is regarded by the unacclimated, therefore I came to the conclusion that my great experience, and the unparalleled success which attended the Homeopathic treatment in the various yellow fever epidemics occurring along our sea coast within the last nineteen years, would warrant me in tendering these few suggestions in its management to my professional brethren, thus supplying, in an humble way, a desideratum in founding a system of therapeutics applicable to the disease, as well as a vade-mecum to the inexperienced. Feeling that the first step towards treating any disease with success, is to systematize the remedies applicable to it, and thus form for it as it were a code of practice, I have, in accordance with these views, here contributed to this end my mite, hoping that it may receive a fair consideration from the profession, and in giving to the world a practice which I feel sure will be ere long realized, by which this terrible scourge of the South will have no more terrors than ordinary chills and fever.

H. C. PARKER.

PART II.

SOME ACCOUNT OF THE YELLOW FEVER AS IT APPEARED IN Galveston and Houston, Texas, in 1867, TOGETHER WITH ITS SYMPTOMS, TREATMENT, &c.

This Epidemic made its first appearance in the former city early in July. As usual, much contention arose among the faculty as to the true character of the disease, nor was it until about the middle of that month, that it was pronounced yellow fever, in an epidemic form. Great numbers of unacclimated persons had remained in the city until this announcement was made, when they took the alarm and fled in every direction, carrying the seeds of the disease in their person and scattering them broadcast through the villages and towns in which they took refuge, and where a large proportion of them fell ill of the disease.

The writer, having practiced in the epidemic of 1848, and treated 183 cases with a loss of less than 6 per cent.—the type being of a mild character—and also in that of 1853, one of the most malignant forms of the disease, which had, up to that time, ever visited our cities—having under his charge during its stay among us as many as 474 cases, with a loss of less than 10 per cent.—felt that the triumphs of Homeopathy, from the success, together with its subsequent employment in the milder forms of the fever in 1854-'5 and '58, would justify his trusting to its powers again in the terrible ordeal through which the above cities were about to pass. Accordingly, after the fever was declared epidemic, although from

impaired health he had retired for several years from practice yet, he immediately repaired to Galveston, where he arrived about the first of August, and remained there until the disease had measurably run its course. By this time it had fully developed itself in an epidemic form in Houston, to which city he now came with the view of encountering the ravager in one of his strongholds. Here he remained until about the first of November, at which time the epidemic had measurably subsided.

The following were the symptoms of the epidemic under consideration, as they manifested themselves in most of the cases seen by the writer, in both Galveston and Houston: The patients generally complained for several days of fullness in the head, loss of appetite, constipation, and depression of spirits, together with a tendency to acidity of the stomach. Pain in the head, back and extremities, next made their appearance, and continued to increase in most instances, with rigors and chilly sensations, with which they were soon followed—these last being in a short time superseded by fever, which gradually reached its climax in from six to ten hours, at which time the pain in the above parts became very great, accompanied with strong determination of blood to the head, and often with delirium, the sclerotic coats of the eye presenting an injected appearance, and the countenance becoming much suffused and flushed.

The fever presented great heat of surface, accompanied with thirst, restlessness and anxiety; the bowels were constipated, urine scanty, high colored, and in many instances about the third or the fourth day of the attack, entirely suppressed; the tongue was much thickened, and covered with a slimy coating—its edges and apex presenting a shining, smooth, red appearance. In many cases there was a great deal of nausea and vomiting, with much distress in the epigastric region, especially if the stomach was loaded at the time of the attack. The pain in the head was mostly confined to the supraorbital and temporal regions, and in many cases attended by photophobia. As heretofore stated, the fever reached its acme in from six to ten hours, soon after which a free perspiration would break out, partial at first, but in favorable cases it soon became general.

In the more malignant forms of the disease, the perspiration soon disappeared, and this subsidence was followed by an increase of restlessness and thirst—at this stage delirium generally made its appearance.

If the perspiration was continuous for twelve or fourteen hours, there was an amelioration in all the symptoms—the fever gradually subsiding until the third or fourth day, when it completely disappeared, giving place to the stage of collapse, with the cessation of all pain. In the more violent cases, the fever did not subside until the fifth or sixth day, the surface remaining dry, and the patient restless, and the disappearance of these symptoms was followed by the fatal collapse—the black vomit and death following close in its rear. In the stage of collapse, in addition to the prostration of the vital energies, there was a total relaxation of the surface, over which a yellow hue diffused itself—the features became sharp, the eyes sunken, with a dark areola under them. The termination of the collapse, whether favorable or unfavorable, depended in a great measure upon the violence of the preceding paroxysm of fever, its duration, and the character of treatment received by the patient while passing through it.

Under favorable circumstances, reaction was fully established in a few hours, followed by free evacuations from the bowels of dark and billious matter, either spontaneously taking place, or procured by the syringe ; but in speaking of the stage of collapse, several changes occur ; but death is owing rather to their conjoint influence than to either singly.

- 1st. Exhaustation of vital power is always present, but not to an extent sufficient of itself to arrest the organic functions.
- 2nd. Deteriorations or changes of the blood obviously takes place, as is shown by the state of this fluid both during life and after death, but the nature of this change is not fully ascertained ; whatever may be its nature, it is merely consequent upon the altered state of organic nervous influence.
- 3d. It is is very probable that exhaustation of this influence, and the resulting changes in the blood, so affect the irritability and tonicity of the fibrous and contractile structures as to impair these vital manifestations, and thereby to favor or

even to induce the alterations observed toward a fatal close, particularly those affecting the capillary system and mucous tissues; for the vital tone of the extreme vessels, and of the digestive mucous surface being thus impaired, and the blood being more fluid and dissolved, as well as otherwise altered, hemorrhage readily occurs, with discoloration of the skin and of membranous parts, the blotches, &c., observed during the latter stages, proceeding from these pathological states. That the head should appear to suffer especially, during the period of excitement, and that the stomach and digestive mucous surface should evince predominant disorder, at an advanced stage, may be ascribed to the irruptions of acid or vitiated secretions, particularly the biliary, to the state of the organic nervous power, and to the changes induced in the blood. Dr. Copland says of the changes that take place in the advanced period of the disease, the most remarkable are those affecting the blood and the digestive organs. As the stage of excitement merges into that of exhaustion, the blood changes from a florid to a dark color—loses its property of separating into crasamentum and serum, and of firmly coagulating. In unfavorable cases there is only a partial reaction, when a low typhoid type of consecutive fever ensues, characterized by dryness along the center of the tongue, the edges and apex of which became extremely red, lips parched, great thirst, and in many cases distressing nausea and vomiting supervened. The surface now assumed a yellowish hue, intermingled with a dark, dingy, dirty appearance, and having a husky dry feel, the eyes were suffused, the intellect began to wander, and finally delirium fully set in—a general sinking of the vital forces strongly marked this stage. These symptoms were aggravated in the evening and the fore part of the night, but were sensibly ameliorated, in the morning. During this stage, a total suppression of the secretions existed, especially of urine. Hemorrhagic tendency was present throughout the collapse, and the patient rapidly sunk. Occasionally, before the supervention of this period the hemorrhagic tendency showed itself in passive discharges of blood from the nose, gums, bowels and lungs. The two last are of an unfavorable augury after the stage of collapse had

been reached whilst the two former often seemed to be critical and to have exerted a favorable influence upon the course of the fever. The consecutive fever, or more properly the fever of the vital reaction, generally lasted from one to four or even five days, these last cases generally terminating fatally. Several peculiarities marked the course of this Epidemic, and prominently among these was a rash, which was much more generally developed among the patients in Galveston than in Houston—in the former of which it almost equaled scarlatina. This rash made its appearance on the third or fourth day, or about the decline of the fever, at first partial, but soon spreading all over the body. Upon its first appearance, the fever was frequently much increased, as well as heat of surface, but upon its full development the fever rapidly subsided. In all the cases in which it came out full and complete, and was not repelled by an imprudent admission of cold air to the person of the patient, the recovery was considered certain; but in cases in which this happened, and the rash was repelled, immediately a train of untoward symptoms followed, such as restlessness, nausea, and sometimes watery dejections, with great prostration. The vestiges of the eruption now assumed a dark, purple color, and death soon followed. Another peculiarity was the great tendency to form congestions in the large vital organs. Whilst the brain was the organ most frequently attacked, yet the stomach, bowels, and liver often suffered, particularly if superpurgation had been induced by the too free exhibition of cathartics. The catamenia, as the fever declines, often made its appearance in females of proper age. This was considered a favorable symptom, but in females *enciante*, symptoms of abortion took place, followed by a rapid sinking, restlessness and death. Persons laboring under pulmonary diseases were generally disposed to congestion of these organs, and where it occurred, it immediately rendered such cases extremely critical, and often incurable. They were almost sure to sink when the febrile paroxysm terminated, in the stage of collapse.

TREATMENT OF YELLOW FEVER,

AS IT PREVAILED IN THE CITIES OF GALVESTON AND HOUSTON,
TEXAS, IN 1867.

If called to a patient, within a few hours of his attack, and found any nausea, or disturbance of the stomach present, I immediately prescribed an emetic of mustard and common salt, a large sized teaspoonfull of each, to half a pint of tepid water, being for this purpose administered ; the patient was then allowed to remain quiet for ten or fifteen minutes, but if at the end of this time free emesis did not take place, the mustard was administered without the salt, lest it should run off by the bowels, by which mischief might be done. If the action of the emetic was not sufficiently free, warm water was given until the stomach was entirely emptied. I then had his bed adjusted, and he was covered with what bed-clothes would have made him comfortable in health. For this purpose blankets were preferred, and two generally sufficed, one to be used during the warm part of the day, and the other on the approach of night, the object being to keep up as uniform a temperature of the body as might be found necessary to avoid a check of perspiration. As regards the amount of covering, the comfort of the patient was consulted—to prevent on the one hand restlessness, from the oppression of a superabundance, and on the other to avoid a depression of temperature, below the sweating point. But the cold air was carefully excluded, and the surface not allowed to be exposed to its immediate contact—the patient being kept for this purpose as quiet as possible. If there was much determination of blood to the head, recourse was immediately had to aconite and belladonna in alternation, every fifteen or twenty minutes, until the patient was discovered to be under their influence, when the alternations were changed to thirty minutes. If the perspiration now became profuse, the alternations were again extended to one, or even two hours ; the object of the remedial administration being attained, when a uniform, but gentle perspiration was kept up. As regards the quantities of the remedies, they must be varied according to the age, temperament, and sex, of the

patient : for an adult male of the bilious temperament, ten drops, each of the first decimal attenuation, were added to four ounces of water, and at the first administration, two teaspoonfulls were given in alternation ; but after the patient was fairly impressed, the quantity was diminished to one teaspoonfull, or the period of alternation was extended, as heretofore indicated ; these two remedies should be continued, until the determination of blood to the head is controlled. If darting or shooting pains annoyed the patient, a few doses of *cinicefuga*, at the first decimal attenuation, were found highly beneficial in allaying them, and in quieting the patient, an object of primary importance at this stage of the disease. The room of the patient should be kept well ventilated, by allowing a free current of air to pass through it ; but he must be seduously guarded against its passing immediately over him ; and especially must a north wind be thus guarded against, as their unfavorable influence have been often remarked. Southern rooms, on this account, were found much preferable for patients, especially when alternations of temperature begin to show themselves, upon the approach of the fall season of the year. Nevertheless, in order to prevent his breathing the same air over again, a plenty that is fresh, is indispensable to the patient, and as the exhalations from the lungs and body readily contaminate it, rendering it unfit to supply a proper quantum of oxygen to the blood—a deficiency of which is well known to be the cause of most of the untoward symptoms that present themselves in the course, and at the close of the fever. The importance of this injunction can not be too forcibly impressed upon the mind of the inexperienced practitioner. Should the surface become dry, and the patient restless, sponging with warm water, containing in it *saleratus* or some other alkali, may be practiced with great benefit ; and if the heat of surface be very great, even cold water may be used in the same way, as a substitute for the warm, but under the same restrictions as to exposure of the person of the patient to contact with the air. In this condition of the patient, cold, and even ice water, may be freely applied to the face, and even ice itself to the forehead and temples.

Great dryness of the mouth, and fauces, cause intolerable thirst; but if water be allowed in sufficient quantities to satisfy the thirst, it is apt, after it becomes warm in the stomach, to create nausea and vomiting, accompanied with restlessness, all of which are to be deprecated. I therefore generally administered a teaspoonfull or two of cold water every fifteen or twenty minutes, or allowed small lumps of ice to be dissolved in the mouth, whilst cloths rung out of ice water, were at the same time applied to the head; and the face was freely bathed in it.

As soon as the determination of blood to the head was controlled by these means—which could be easily determined to have been effected by the eyes becoming clearer, and the subsidence of the throbbing pain in the temporal region—the bryonia, was substituted for belladonna and administered in the same doses, and at the same attenuation, alternated every hour, with the aconite, for the relief of the intolerable thirst, and dryness of the mouth, and fiery redness of the tongue. By acting favorably on the mucous membranes, it not only carries its benign influence to that organ, modifying its central coating, but also relieves the fullness, tightness, and dead aching pain, just above the arch of the eyebrows. For the purposes above specified, it is indispensable; and the two should be given in alternation, until the pulse is reduced to seventy or eighty per minute. In the meantime, should nausea set in, a few doses of ipecac, five drops to two ounces of water, in the dose of a teaspoonfull, should be administered—this is given in the second decimal attenuation, and if it fails, use tartar emetic, at the same strength and dose. If, in despite of these remedies, the patient still complains of great burning in the stomach, and intolerable thirst, and restlessness, give arsenicum, at about the sixth attenuation, same as above remedies. Patients sometimes complain of pains in the stomach and bowels, as if produced by accumulation of gas—that symptom occasionally becoming distressing. In this case interpose a few doses of nux vomica, at the first attenuation, five drops to two ounces of water, dose a teaspoonfull; if still unrelieved, in a reasonable length of time, give diascoria same as nux vomica. But the inter-

positions of these remedies must not interfere with the general treatment of aconite and bryonia—their influence upon the patient being absolutely necessary to conduct him through the crisis, viz. when the fever merges into collapse.

In this disease, the great tendency to congestion, before adverted to, requires, for its prevention, all the auxiliary means that can be pressed into our service. In every case, congestion of the spinal column gives rise to intense suffering in the back, and to great restlessness. Upon examination of a subject after death, it will be found that the blood has settled along the spine, throughout its whole length, but more particularly about the inferior and superior plexus of nerves. To relieve the great suffering incidental to this congestion, I have used with great success a liniment, composed of capsicum and common salt, each ζ ss, and strong vinegar, a pint, simmered over a slow fire for twenty or thirty minutes. This is ordered to be kept by the bedside of the patient, and as often as he complains of pain of the back, he was thoroughly rubbed with it along the whole length of the spine. If the feet became cold, and the circulation irregular, the inside of the lower extremities were well rubbed with it, a woollen cloth being preferred for this purpose, and the friction was kept up for five or ten minutes, and repeated as often as the symptoms would indicate the necessity for its repetition. After collapse has taken place, this remedy will be found to exert a very beneficial influence in equalizing the circulation, and relieving the great restlessness of the patient, when all other means have failed to accomplish these desirable objects. Its efficiency for these purposes was enhanced by its being used warm. Independent of its stimulating qualities—the saline ingredients of the blood, in this disease, being very much impaired—the absorption of the salt and vinegar seemed to act upon it favorably, judging from the effects which it produced upon the whole train of symptoms. The pain in the back will continue, more or less violent, until the bowels are freely moved, and discharges of a consistent character are produced. Although the fever may be nearly off, yet if the accumulations of this dark peccant matter, is allowed to remain in

the alimentary canal, the pulse will indicate the distress, and oppression, under which the patient labors, no doubt caused by the absorption of a portion of this black, offensive matter, by which the blood is still further contaminated, and the secretions every where vitiated. To obviate all this, as soon as the fever begins perceptibly to decline, I have recourse to large enemata of cold water, say of the temperature of about seventy-two or seventy-four, and in quantities of from one to two quarts, and repeat them two or three times a day—if the water alone did not answer the purpose, salt was added. In a large majority of cases these means will be found quite sufficient, especially if wet compresses be at the same time applied over the stomach and bowels. This is best accomplished by folding a towel, several times dipping it in cold water, and applying it to the parts under cover, where it must be retained for some time, and renewed as often as circumstances would seem to require. When the fever, by these appliances, has subsided, and the pulse reduced to its normal standard in frequency, the *nux vomica* is substituted for aconite, in mild cases, but in those of a more malignant character, in which there are great thirst and restlessness, which at this stage indicate that black vomit is imminent, arsenicum, at the sixth attenuation, is now preferred to the *nux vomica*. The *nux vomica*, in the milder form of the disease, nevertheless seems to have a happy effect in relieving the alimentary canal of its morbid accumulations of peccant matter, by increasing the peristaltic motion of the bowels; but should all these remedies fail to have their desired effect—that is, of relieving the bowels of their accumulations—and the stage of collapse is rapidly approaching, I take of podophyline grs. ii, hyd. chlor. mitis grs. i, lac. sac. ʒj., mix and rub for thirty minutes, and divide in powders xx. one to be given every four hours, the large enema to be continued as heretofore directed, until the bowels are thoroughly evacuated, bringing away large, black, consistent discharges. This being satisfactorily accomplished, the powders are now discontinued, except one at night, to keep up glandular action. But, in the event the necessary evacuations are not procured by these means, which will sometimes happen, and

as the life of the patient depends upon the prompt evacuation of these accumulated peccant matters from the alimentary canal, then for this purpose, I take oleum ricine ζij . oleum terubinth \mathfrak{z} j, tinct. capsicum $\mathfrak{z}\text{ij}$, mix, shake well, and give to a male adult two tablespoonfulls, which is to be repeated in two hours, if the first does not act within this time. In estimating the probable benefits to be derived from this prescription, it will be seen that they are therapeutically adjuvants of each other, the turpentine assisting the oil in thoroughly evacuating the bowels, and arousing the secretion, both of the mucous membranes and the kidneys, whilst the capsicum, by virtue of its stimulating qualities, not only hastens the action of the oil, but prevents watery discharges, which would, at this stage of the disease, be fatal. The oil having thus cleansed the bowels thoroughly, leaves the patient—now in the collapse—in a fainting condition, requiring the prompt application of cold water to the face and chest, which must be kept up until reaction takes place. In conjunction with this treatment, brandy and water is used in the quantity of one tablespoonfull of brandy, to three of water, a desert spoonfull of this is given every fifteen or twenty minutes, until reaction is established; when it is only continued to meet the demands of the patient's condition. Another symptom, owing to its important bearing upon the fate of the patient, at this stage, requires a distinct notice—this is suppression of urine, which demands the unremitting attention of the physician, insomuch that he should not fail, upon each visit, to institute a rigid inquiry as to the condition of the urinary organs. By this means he will be prepared to meet its earliest demonstrations; and for this purpose I use the cannabis, and cantharides, first decimal attenuation, ten drops, water ζiv ., each in alternation, every thirty minutes, in the dose of a desert spoonfull. As soon as the kidneys begin to act, the interval of administration of the remedies is extended to one, and even two hours. If there be frequent desire to pass the urine, and the patient be only able to pass a few drops at a time, with burning heat in the parts during its passage, I have recourse frequently to the pure tincture of cantharides, three drops, water to $\mathfrak{z}\text{ij}$.,

dose a desert spoonfull every hour, and with the happiest effect. This state is often a premonitory symptom of suppression. But to return, if it proves to be simply a retention of urine, a few doses of apis melo, at the first decimal attenuation is given in the dose of a desert spoonfull every thirty minutes, the sitz bath often aiding very much, if the case prove obstinate. The bowels, in this condition, are often constipated, and the oil mixture heretofore recommended, will, as soon as it operates, afford immediate relief. I have never known it to fail. The treatment in this fever, up to the stage of collapse, is simply adjuvant, the object to be accomplished being to keep the circulation equalized, in order to prevent congestions from taking place in any of the great vital organs, also to protect the mucous membranes, by appropriate remedies, and combat prominent symptoms when they occur, until the disease reaches its crisis, through which every patient must necessarily pass, even in its slightest form. In the more violent forms of the disease, the prostration in this stage is very great. This is the stage in which ignorant nurses, and still more ignorant Doctors, proclaim the speedy convalescence of the patient, simply because the fever has now disappeared, and with it, as they suppose, all its dangers, whereas, in fact, he has now reached the stage in which the disease only proves fatal, the febrile stage being entirely free from any reasonable apprehension of imminent danger; or, as has been quaintly remarked by a medical friend, that no patient dies in this stage, if left unaided by remedial treatment. To meet the crisis or turning point of the disease, the treatment must not only be prompt but every remedy must be administered with a specific object, to evacuate the bowels thoroughly, is the leading indication, which can be generally accomplished without the hazard of watery discharges, by the means heretofore recommended; but if these should unfortunately occur, they must be controlled by starch water enemas; and if these fail, then laudanum must be added. But as we have heretofore disposed of the treatment of the more violent form of collapse, we have now only to resume that of the milder grades. In these there is little more to be done, after the bowels

have been evacuated. In them I generally prescribe arsenicum and nux vomica, in alternation, every two hours, with a view to regulate the organs of digestion. If the coating on the tongue still continues white, after their administration, indicating an imperfect action in the secernent organs, bryonia and ipecac are given alternately in their stead. If there is still a failure to correct the chilopoetic organs by these remedies, antimonium crudum is substituted for the ipic., and with these I have invariably succeeded. The patient is able in a few days to leave his room, being restored immediately to health, without the formality of a tedious convalescence, which invariably happens to those who have been subjected to the more onerous plans of treatment.

The Homeopathic and Allopathic medication can not be more beautifully illustrated than by the contrast shown in the patients respectively treated by the two systems—those of the one, were for weeks creeping, sallow, ghosts, whilst those of the other went forth in all the plimitude of health, rejoicing equally at their acclimation, and the small amount of suffering, with which they purchased it.

At this point, it is necessary to avail ourselves of a resume of the symptoms incidental to the collapse, and its sequelæ, not only to recapitulate to some extent the treatment of this stage, and to extend the list of remedial agents to meet these sequential phenomena, but also to notice the modification of this stage, presented in a particular class of patients.

The most malignant form of the fever occurs among immigrants from cold climates, with rich blood, in whom the synochal stage presented a much higher grade of development, whilst the collapse was more marked than in others. Persons also greatly exposed to insolation, appeared to be peculiarly obnoxious to the higher grades of the disease, as was evinced by the death of thirty-five out of thirty-seven, carpenters, who were thus exposed in 1848 in roofing houses. In those also of bilious temperament, of a plethoric habit, the same exacerbation of symptoms was met with throughout the fever, as well as in those of intemperate habits. Hence, when a practitioner is called to a patient, he

should strictly scrutinize him in reference to the several circumstances above enumerated, as likely to aggravate the case, as well as to ascertain whether he labors under chronic disease of any organ, as the fever will be almost certain to expend its force upon it, and in the stage of collapse, if such organ be not protected by appropriate treatment, the patient will become the victim of such neglect. If the patient has been accustomed to liquor or opium, be it the one or the other, he must have his accustomed stimulus, as soon as advisable. Although opium, and its preparations, are poisonous in this disease, yet must the patient have it, in the stage of collapse, or he will sink and die for the want of it. The physician, if he expects to treat the disease successfully, must have a strict regard to the idiosyncrasies, habits, constitution and temperament of his patient.

In the more violent cases, reaction will be only partial and the collapse so complete—especially if the patient has been purged or sweated excessively—that spontaneous reaction can not take place. It is here that the resources of the physician is taxed to the uttermost, in order to bring it about. For this purpose, our principal reliance must be in cold water, freely applied to the face, chest, and hands, giving him in the mean time arsenicum and veratrum album, the first at the sixth attenuation, and the latter at the first, alternated every every fifteen or twenty minutes. If reaction does not take place under this treatment, conjoined with the rubbing of the spine, with the capsicum liniment of double the strength of the formula heretofore prescribed, then strip the patient, and pour from five to six buckets of cold water over him, causing the stream to strike him along the full length of the spinal column; rub him briskly with crash towels until dry, then place him in bed, under blankets. Instead of the above method, he may be packed in wet sheets. Speedy reaction will follow either plan of applying the cold water. Continue in the meantime the medicine, as above directed, and after reaction is established, commence with the brandy; but this must not be given before this occurs, as it appeared in this stage to depress, instead of arousing the vital forces; therefore it will be well for the

practitioner to observe the above precaution. As soon as reaction is established, it will be followed by the consecutive fever, which always presents itself in a low, typhoid form.

If there be no disturbance of the urinary organs, the patient should again be put on the arsenicum and bryonia, alternated every half hour, until the patient is brought under their influence, which will be manifested by a gentle action on the surface. Aeonite can not in this form of fever be relied on. The cold water here must still be kept up, and freely applied to the head, chest and face, with wet compresses over the stomach, and bowels. Should the tongue present a fiery red appearance, with much thirst, and painful micturition, the pure tinct. of cantharides, grs. iii., to water ℥ii, dose a desert spoonfull, substituted for the bryonia. If the breath becomes offensive, interpose a few doses of earbo. lig., at a high attenuation. The above remedies must be continued for at least twenty-four hours, as they are our main reliance in this stage of the disease. Should the skin assume a peculiar lemon color, which happens when the peccant matter, not being discharged from the system, becomes absorbed, a few doses of mercurios cor. and rhus. tox. will be found highly beneficial; and when a strong determination of blood to the head exists, opium and hyoseyamus nig. may be given with advantage. But these latter remedies—merely interposed,—must not interfere with the general treatment. In this stage of the disease, the hemorrhagic tendency is very apt to show itself in the sponginess of the gums and bleeding at the nose. In these cases the sulphuric acid acts admirably, administered of the strength of ten drops, to water ℥iv., dose a teaspoonfull, the free acid being preferred. The bowels must be kept open by enemata, administered every night at bed time, in the quantity heretofore recommended. After the operation of the enemata, rub the spine with the pepper liniment, which will generally procure the patient a comfortable night's rest, and from this he will derive more benefit than from any medication. The patient should never be aroused to give medicine, as upon his procuring refreshing sleep, of some hours' duration, his life depends—he always awakes much improved. Cold water to drink may

be allowed him, throughout this stage, in quantities sufficient to quench his thirst, provided it does not lead him to swallow enough to load his stomach, giving rise to nausea and restlessness—the juice of fresh lemons may be added, if not contra indicated by the remedies given. If the surface should become dry, which occasionally happens, rendering the patient restless, it should be well sponged with the tepid alkaline solution, under cover—the friction being very grateful, may be continued for some time. If great relaxation of the surface should take place, giving rise to colligative perspiration, the body should be sponged all over with good brandy, or the pepper liniment, to be repeated as often as the symptoms indicate the necessity for the use of the one or the other. The patient's room must be kept clean, and free from all perfumes, essences, aromatics, or volatile substances—they may be grateful at first to the patient, but ultimately they tend to produce nausea, or still worse, they may antidote some of his remedies. If the surface becomes prematurely cool, interpose the veratrum, at the first attenuation, until that symptom is controlled. The extremities and spinal column must be rubbed thoroughly, three or four times a day, with the pepper liniment, which is invaluable in this stage of the disease. It possesses this advantage over all other counter irritants, that it does not make the surface sore so as to interfere with the repetition of its application. If the secretions are suppressed, they must be restored by an occasional dose of the powders, heretofore recommended. If these means should all fail, and the patient sink into low muttering delirium, with a constant disposition to get up and ramble over the room—and to prevent which often requires force—the lachesis and arsenicum, both used at the sixth attenuation, gtt. x., to water ℥iv., in the dose of a desert spoonfull, alternated every thirty minutes, should be given, with the occasional interposition of a few doses of stramonium. The cold wet sheet must be still kept up, the patient being wrapped in it while the blankets upon which he should be laid, should be carefully folded over him. This will in a short time, produce a strong determination of blood to the surface, and thus relieve the system from any internal con-

gestion that may have occurred in any of the vital organs. As the wet sheet seems to afford much relief, to the restless patient, its reapplication is indicated as often as it becomes dry, not only to allay the patient's anxiety, but also it may be to supply the blood, by absorption, with its proper quantum of aqueous fluid, to compensate for its loss by perspiration or by other processes of exhaustion, by which an anæmic state of the vital fluid is produced.

This anæmic state of the blood takes place at the period when black vomit is imminent. My experience teaches me that the absorption of the water acts beneficially, not only upon that vital fluids, but also upon the nervous system. In case reaction should take place, after this second collapse, chi and arsenicum, the first at the first decimal attenuation, the latter at the sixth, are prescribed in alteruation, every hour, in the dose of a desert spoonfull, nourishing the patient, in the meantime, with beef tea, mutton broth, and chicken soup, administered in small quantities; brandy and water, or wine, is given at the same time, but care must be taken not to produce over excitement. The lemon juice, with a limited quantity of ice added to the water, allowed the patient to quench his thirst, makes a grateful beverage; but sugar must not form one of the ingredients, lest it produce acidity of the stomach. Beef-steak, rare, chewed by the patient, the fibrous parts spit out, and the juices alone swallowed, is an improvement on the tea, as the salivary glands are excited by the process of mastication, thereby affording digestion its natural adjuvant. But this is only allowed after the subsidence of the fever now under consideration, and then only when the bowels have been evacuated. During the fever nothing should be allowed but rice-water, or gruel strained, with a little salt in it, given often but in small quantities, to strengthen the stomach. While on the subject of diet, as I have said nothing in relation to it in the course of the general treatment, I will remark that the indications of nature may be relied on—hence in the attacks of women and children uncomplicated, in whom they are often very mild, appetite shows itself at a very early period. Rice water, gruel, or any of the farinacia, is ordered for them, to which

they are confined during the febrile stage ; but as soon as it gives way, a more liberal diet is allowed, such as beef-steak squirrel, &c., the fleshy parts being spit out, for the first day or two, but after this precautionary period has elapsed they are allowed to make a general descent upon the culinary department, and forage upon it ad libitum. I can not leave the subject of the treatment of yellow fever without calling the attention of the inexperienced practitioner to a few of the most important remedies, fearing that he may not be aware of their importance. The first in point of importance, I suggest, is arsenicum ; this ought to be given as soon as aconite can be dispensed with, and continued through all the subsequent stages of the disease. It is our only means to correct that condition of the blood, in which corpuscular dissolution and black vomit are imminent. The mucous membranes, and the glandular system, also call constantly for the interposition of cantharides at the different attenuations. The argenti nitras, sometimes, at this stage, acts well, if hemorrhagic tendency is not controlled by the sulphuric acid. The action of the lachises, in my hands, has not been such as to make me place much reliance upon it. But there is no disease that calls for such vigilance, and prompt attention, on the part of all concerned, as this. The slightest dereliction of duty, in any part of the treatment, involves the life of the patient—he is as it were, vibrating between life and death, and the weight of a pin, thrown into the wrong scale, places him in the category of cases beyond the hope of medical redemption—so let the physician govern himself and others, in reference to the critical stage of the disease, otherwise all his skill in treating of it, will be found unavailing.

This epidemic attacked indiscriminately all classes not sparing even those who had been raised in New Orleans and Charleston, and attacking indifferently people of all color, whether acclimated or not. Among the negro race the fever ran very high at first, but lasted a very short time, terminating frequently within twenty-four, and rarely exceeding forty-eight hours in its duration. The mulattoes suffered much more than their darker cousins of pure African de-

scent ; and their attacks were the more severe in proportion to their approach to the white races in their blood affinities. The blacks recovered rapidly, very few suffering beyond a few days, whilst the mortality among them was comparatively insignificant.

The epidemic which we have just passed through, proved itself to be highly infectious and malignant. Every town along our railroads, that placed no restrictions on intercourse with our infected cities, was soon devastated by it. In fact, refugees from Galveston and Houston distributed it in every town and village wherein they took up their abode, having left those cities after they were poisoned by the infection. It is even reported that in several places it was spread in the rural districts, to some extent, by these persons. Several of our interior towns—Liberty, on the Trinity, Richmond and Columbia, on the Brazos, besides several others in the line of its march—escaped by enforcing rigid quarantines ; thus showing the efficiency of this means to arrest its spread, when citizens chose to take the matter in their own hands, instead of entrusting it to sanitary boards of squabbling Doctors.

The rapid spread, by infection, of this epidemic, proves it to have been yellow fever of a decidedly genuine and malignant type, only excelled in this respect by the great epidemic of 1853. There are no forms of epidemic fever with which this is likely to be confounded, except the acclimating fever of the West Indies ; and on the distinction between these two, Dr. Copland is so clear that we shall take the liberty of quoting his remarks upon their peculiar characteristics.

Dr. Copland, of London, remarks, in his Dictionary of Practical Medicines, "That the true, or pestilential yellow fever, is different from severe remittant and from ardent fever, neither of which is infectious, while true yellow fever is eminently infectious. Ardent fever occurs only in Europeans recently arrived in hot climates, and never in the acclimated, nor in aboriginal or native inhabitants—it cannot attack the dark skinned races and the assimilated European.

The true yellow fever attacks the unseasoned, the seasoned, the constant resident, and the dark skinned races—the negro as well as the European—all within the sphere of its infection who have not previously had the disease. A former attack protects from the yellow fever; but remittants will occur again and again in the same person; and even ardent fevers will occur a second time, if the person who has once been affected by it, has returned to Europe, resided long in it, and afterward gone to a warm country. Ardent fever occurs only among persons who have recently arrived from cold or temperate climates into a very hot country; and true yellow fever appears only occasionally, and then the infection may either extend to a few only—the circumstances favoring its diffusion not existing—or to great numbers, the disease thereby becoming epidemic. Thus, the first and second, or the ardent and acclimature fevers, are always occurring—yellow fever seldom, or only after long intervals. The inflammatory fever is described by name as the *synochus caudsonides* by Gilbert; of *synocha causodes*, by Manget, of *synocho ardens*, by Sauvages; of *endemicus causus*, by Mosely; of *inflammatory endemic*, by Dickenson; of *climate or seasoning fever*, by several writers; and of *endemic yellow fever*, by others. This is the disease which most frequently attacks new comers into the West Indies, more especially sailors and soldiers; and which has been confounded by recent writers with the aggravated forms of bilious fever on the one hand, and with epidemic, or pestilential yellow fever, on the other.”

Dr. Stevens, of St. Croix, maintains that there are three essential or idiopathic fevers met with in the West Indies: First, The climate, or seasoning fever, which is not produced by marsh poison or contagion, but by long continued excessive heat, acting, under peculiar circumstances, on the bodies of unseasoned strangers, lately arrived from northern countries.

The second is a swamp or marsh fever; whilst the third is the true African typhus or yellow fever, (the pestilential fever of Chrisholm, the Bulam fever of Pym, &c.).

The two first, Dr. Stevens regards as indigenous to the West Indies, and never communicable from one person to another ; while the last "is, in every instance, a contagious disease." "At one period," says Dr. Stevens, "there was an interval of thirty years during which there was not even one case of this fever in the western world ; and in almost every instance where it first commences, when proper inquiry is made to ascertain its cause, its origin can be traced to the traffic with certain countries on the western coast of Africa." According to Dr. Stevens, the climate (or stranger's) fever is only met with as an epidemic during the hot months, when the thermometer is upwards of 90 degrees during the day, and at least 80 degrees during the night. It is confined to the whites, and almost entirely to those who have lately arrived from northern countries.

The African typhus, or yellow fever, according to Dr. Stevens, prevails in every locality and in every season of the year in the West Indies ; not confined to the whites or those newly arrived ; is as fatal in the coldest weather as in the hottest months ; is not produced by any local endemic cause, and is always communicated by contagion.

Dr. Stevens further states : That those who have had the climate fever are not susceptible of it a second time, unless they leave the West Indies and return again after a considerable residence in some northern country ; those who have had yellow fever are completely exempt from any future attacks of the disease ; but neither the marsh fever nor the climate fever gives any exemption from the yellow fever, and there is such a resemblance between the two latter, that many suppose they have had two or more attacks of yellow fever.

Dr. S. further remarks, in regard to the changes that take place in the latter stages of this disease : The saline ingredients of the blood are greatly diminished. The chief cause of these alterations is evidently exhausted organic, nervous, or vital power ; and this is further evinced by a loss of the tone of the extreme vessels, and of the irritability of the moving fibre, always co-ordinately observed in cases presenting this change in the blood. Among the most striking con

sequences of exhaustion of vital power, as thus manifested in the extreme vessels and blood, are discoloration of the skin and passive hemorrhages from mucous surfaces, phenomena characterizing the last stage of the most unfavorable cases of the intense disease.

The gastric disturbance in the early stages generally proceeds from excited vascular action, and from the passage of irritating secretions into the stomach, in connection with an increased susceptibility and irritability of the organ. In the latter stages, it more especially results from the morbid secretions poured into the stomach, and the irritated or inflamed state of its villous surface.

The source of the black matter passed from the stomach and bowels, in the last stage of this and of other severe fevers of warm countries, has been variously stated. Some consider the black color to proceed from the exudation of dark blood, which, in mixing with the secretions of the stomach, liver and bowels, imparts to them a still darker tint. Some ascribe it chiefly to the bile and secretions from the digestive mucous follicles, which are often both very dark and thick in the last stage of the more malignant kinds of inter-tropical fevers; and others believe it to arise both ways. There is no doubt that all the secretions poured into the digestive canal are more or less diseased, particularly in the latter stages; but it is as clear that the black color mainly depends upon the state of the blood, and that all the matter ejected upwards and downwards, presenting this appearance, does not consist of altered secretions merely, a great part of it probably being an exudation of blood from the mucous surface.

Dr. Jackson remarks that the secretions from the digestive mucous surface are rosy and clear during the early periods, and are brown or black in the latter, sometimes black as soot, and that the sooty or ink-like color is chiefly observed where the head and stomach are simultaneously attacked. When we consider that the blood becomes darker than natural, as well as otherwise changed, early in the period of exhaustion, and that the liver and mucous follicles of the digestive canal, with the kidneys, are the principal organs of de-

puration, or channels by which the elements producing these changes are eliminated from the exudation, we need not be surprised at the secretions which these elements go to form, and which these organs excrete, presenting somewhat similar characters. It must, however, be admitted that the share which the secretions perform in producing this phenomenon, or that which the exudation of blood has in giving rise to it, will vary much in different varieties of the fever. The rapidity with which a dissolution of the tissues takes place after death, in this fever, deserves notice, as marking the rapidity of vital exhaustion, and as resulting from the changes of the blood, these changes commencing with the stage of exhaustion and advancing until this fluid is no longer capable of influencing the nervous system, and of preserving the irritability of contractile parts, or until it poisons instead of exciting the sensitive and moving tissues. Dr. T. Y. Simons, of Charleston, S. C., in a "Report on the History and Causes of Stranger's or Yellow Fever," in that city in 1839, (page 23, vol. 8,) has described a disease corresponding in its essential features with the one we have just passed through; and Dr. S. H. Dickson, of Charleston, has also given an account of the same malady (the Eclectic Journal of Medicine, February, 1840), and remarks that Maxley has well denoted this tropical plague by the appellation of "*causis febris ardens*." The burning heat of the skin, he adds, was one of the most important features during its prevalence in former years (as was the case in this present epidemic here), in 1838. The surface "was apt to be moist, and by no means especially hot." The disease was marked by a suffused dark flush upon the visage; a red and watery eye; great gastric distress and oppression; full, hard pulse, and pain in the head, back and limbs, there being but a single paroxysm of long duration, without subsidence, and when subsiding, returning no more. There was occasionally a total suppression of the urinary secretions, and in the latter stages, a frequent discharge of blood from the bowels. There was, also, black vomit in many cases. "In different years," says Dr. D., "this terrible symptom shows itself with various degrees of promptness and certainty, and connects itself, more or less,

generally, with hemorrhages from the nose, mouth, and other orifices of the body." As to its cause, this writer observes, "I need not tell those who hear me that no palpable cause of yellow fever has yet been detected; nor need I remind you, that even when we enter, with the most metaphysical nicety into the discussion of its probable origin, under varying contingencies, we find ourselves still in the dark. If we assign it to the combined operation of heat, malaria, animal and vegetable effluvia, and the effect of personal habits, we are totally unable to explain why these causes, acting together, do not produce it as well in Calcutta as in Vera Cruz, in Milo as in Havana, in Galveston as in Seville."

We will illustrate the reason why it does not spread in the one and does in the other, by the parable in the scriptures which represents a sower going forth to sow, and most of his seed fell into localities in which no fructification followed; but other portions fell on good ground, and did yield fruit that sprang up and increased and brought forth, some thirty, some sixty, and some a hundred fold.

So it is with yellow fever—if its seeds are not sown in a fructifying locality, they perish; but when sown in a genial soil, such as Charleston, Mobile, New Orleans, Galveston and Houston, and many of their adjacent towns, not a hundred but a thousand fold of its bitter fruits will be produced. As spreads cholera so spreads yellow fever, each requiring, in any locality in which it can be propagated, an element, or it may be a telluric emanation, to which either may communicate its virus, and by infecting it with its own properties, soon get up an epidemic constitution of the atmosphere: we say an epidemic constitution of the atmosphere, for the want of a better term in which to express ourselves. A more thorough knowledge of the affinities between these poisons and the pre-existing elements which they use as a nidus, it may be, for their own development, would enable us to express ourselves more in accordance with a set of facts, but indifferently represented by the terms "epidemic constitution of the atmosphere," since this atmospheric constitution, thus produced, obeys none of the laws appertaining to the ærial fluids, being neither retarded, accelerated or delayed by its

currents. That this virus requires a local pabulum, a germinating or assimilating principle, to enable it to propagate itself, is made manifest by its inability to spread in many places, to which it may be carried, where it is evident no such element can be furnished it, such as an elevated, sandy country, abounding with pine forests, or other districts unpropitious to its reproductive processes, on account, perhaps, of the absence of miasm. In this power of self-propagation, in some localities, and not in others, we are furnished with the clearest evidence of its infectious character, on the one hand, and non-contagious on the other. What a vast amount of labor has been expended in proving and disproving its contagious nature, while the disease, before the eyes of the contestants, without concealment or legerdemain, was demonstrating that her right of dominion was everywhere asserted upon the simple principle of infection. As before suggested, local miasm may have much to do with the reception and the nourishment of the virus into activity, inasmuch as we find the disease more readily propagated in localities thus infected than in others less subject to its evolutions. When carried into any place where the prevailing endemics of miasmatic character are in an active state, it is found immediately to supersede them, thus showing a ready affinity of the zymotic poison for the miasm. Being produced by a specific poison, it assimilates, in one respect, to those diseases generated in the same way, viz: in conferring perfect immunity by a single attack, as much so as measles, small-pox, &c. The results of my experience, having treated the disease in its different epidemic visitations in the same city for nineteen years, and never having met with a single second attack, warrant me in saying it never occurs twice in the same person; or if it does, it is so seldom that all apprehension on the part of any one who has had the disease, should be laid aside. It may happen that some persons, during an epidemic yellow fever, may be taken down and treated for the prevailing disease, and then they will pass through life asserting and believing that they have had two attacks of yellow fever; whereas, either the first or the last attack was nothing more than an ordinary miasmatic disease, leaving the deluded vic-

tim, nevertheless, a sufficient amount of protection, although deprived of one of his securities, to insure his passing free for the future.

As from cases like these, a feeling of uneasiness or apprehension prompts the frequent enquiry whether a person can have the disease a second time. For the purpose of giving confirmation to opinions heretofore expressed by me on all occasions, I shall take the liberty of quoting from the writings of P. C. H. A. Louis, an eminent French physician, who was sent by his government, in 1828, to Gibraltar, to make investigations into the character of the disease as it prevailed there during that epidemic. The quotation is headed, as follows: "Does a first attack of yellow fever preserve from a second?"

"This point of view in the history of yellow fever is not new. Some of the physicians who have studied the disease, and the populations amongst which it has prevailed in times past, have remarked that the same person is rarely attacked twice by the yellow fever.

"Sauvage, in his *Methodical Nosology*, says positively, that this disease attacks the same person once only. Arejata expresses himself to this effect, and it results from inquiries made by Dr. David Hosack, of physicians who had practiced at New York and Philadelphia, that they had never been called on to treat a patient suffering from a second attack of yellow fever. Michael Cabanellis expressed a similar opinion, in a work published at Meiri, in 1812, on the laws to be instituted to prevent the reproduction and importation of the yellow fever. Valence says the same thing in his *Historical and Medical Researches on the Yellow Fever*, published in 1805, for, notwithstanding the pains he took to inquire and to settle doubts as to this point, he found no individuals, French, English or American, who had had the yellow fever twice.

"The subject was further examined, in 1815, by Dr. Pym, who presented an important work on it to the London College of Physicians. A report was made on this work, in which it was said, amongst other things, that although, according to the points presented, there was strong ground for

the belief that a first attack of yellow fever preserves from a second, it would be necessary to collect the opinions of a greater number of physicians in order to come to any certain conclusion ; so that, at the period when this report was made, in London at least, the preservative influence of a first attack of yellow fever was not looked upon as demonstrated. It was then necessary to collect new facts. To do this, and to comply with the wishes of the College of Physicians of London, Sir William Pym, physician in chief of Gibraltar for the time, recommended to General Don, when the epidemic of 1828 had ceased, to appoint a commission, whose duty it should be to collect such facts as might serve to settle this point. Messrs. Chervin, Trousseau, and Louis, had the honor to be of this commission, which was composed of thirteen physicians, the other ten being Dr. Broadfout, Dr. Dorr, Barry, Dix, Frazer, Arderol, Bobadilla, Mutras, Bonvins, and Thurston. Louis was the President, M. Trousseau, Secretary, and Dr. Barry, the Vice President.

“This commission, as we shall see, neglected nothing which could lead to the knowledge of facts, and the establishment of strict conclusions. As some physicians thought that the preservative influence of a first attack of yellow fever, real for those who did not change their climate, was lost after a longer or shorter residence in a different climate, the question to examine becomes two-fold :

“First: If an individual who has had the yellow fever in Europe, was susceptible of a second attack of the same disease in Europe? Second: If an individual who had had the yellow fever in Europe, could have it a second time in America, and *visa versa*? As simple assertions were inadmissible, the commission decided that they would receive those cases only, in which the symptoms of the first and second attacks could be given, whether these symptoms had been noted by the physicians who communicated them, or whether they came through the patient himself, but were unequivocal. In order to learn the proportion of patients who had had the disease twice, the commission asked of the physicians to state, and with as much precision as possible, the number of patients treated by them in the different epidemics.

“As too many facts relative to the object of inquiry could not be collected, all the medical men of Gibraltar, civil and military, were invited to come before the commission and to communicate the results of their experience. They all complied with this invitation, and answered the questions which were addressed to them successively by the different members of the commission. Thirty-three gentlemen were called upon to say, first: how many cases of yellow fever had been observed by them in the last, or in anterior epidemics, in Europe and America; and, secondly: the number of patients, in the different epidemics, who had the yellow fever twice, and their symptoms. Most of these physicians had observed the yellow fever in Spain only; some, however, had seen different epidemics in Europe and America, and the number of patients seen or treated by them all, amounted to somewhere about twenty-seven thousand.

“Mr. Amiel, surgeon of the twenty-fifth regiment, who had observed the four last epidemics of yellow fever in Gibraltar—those of 1810, '13, '14, and '28—presented two cases of presumed double attack to the consideration of the commission.

“The Anglo-French commission (this was the name given at Gibraltar to the commission composed of the physicians sent from France and Dr. Barry) had, in its researches, collected the symptoms manifested by nine individuals, who had been ill during two epidemics of yellow fever. Two other cases of presumed double attack were communicated to the commission, who thus had to deliberate on thirteen cases, and each of the number expressed his opinion by a vote, writing on a piece of paper, ‘evident,’ ‘probable,’ ‘doubtful,’ or ‘inadmissible,’ for each case.

“In this manner, one of the cases of double attack communicated by Mr. Amiel, was declared evident, three were regarded as probable, the others as doubtful or inadmissible. The twenty-seven thousand patients were not all exposed to two epidemics of yellow fever; but supposing one-half or one-third of them to have been so (an estimate which very probably is below the truth), we should have, among nine

thousand persons once attacked by the yellow fever, and exposed to it again in a new epidemic, but one well authenticated instance of a second attack of that disease.

“Undoubtedly, some of the minority of the commission (those particularly who voted every case to be evident,) will contest the justice of this decision; and, conceding to these all that it seems to me they could ask, the admission of the thirteen facts on which they were called to deliberate as cases of second attack, it would result, that among nine thousand persons who had had the yellow fever, and had been exposed to its causes in a new epidemic, thirteen only contracted it a second time.

“Another objection may be made. Four physicians, who came before the commission, declared that they had treated in the last epidemic (that of 1828), some patients who had the yellow fever in previous epidemics. These statements were not considered by the commission—the physicians who cited them not being able to tell the symptoms of the supposed double attack; and some, perhaps, will say that these were really cases of second attack. But admitting this supposition to be true, and also that each physician had seen three of these cases, in all, twelve cases of second attack, it would result that among nine thousand persons who had once been attacked by yellow fever, and who had been exposed a second time to the influence of all the causes of that disease, twenty-five had it twice. We must then conclude, with the commission, that a first attack of yellow fever preserves from a second, as effectually, and at least in as great a degree, as a first attack of an eruptive disease, of the small-pox, for instance, preserves from a second attack of the same disease. There are cases of persons who have had the small-pox twice; and, according to a report made to the Royal Academy of Medicine, of Marseilles, in 1825, of two thousand persons who had had the small-pox once, twenty, or the hundredth part, had had the disease a second time. If then, among the patients of whom we have just spoken, there had been ninety cases of second attack, the proportion of second attacks would have been the same as in the small-pox epidemic of 1825.

"It will undoubtedly be said that the report, which has just been admitted, is entirely arbitrary, since the terms of it were not fixed rigorously, to which it may be answered, that if the terms of the report were fixed arbitrarily, they were so in the sense least probable to the conclusions of the commission. But we can cite a fact more conclusive than those which precede. The French commission sent to Gibraltar have ascertained, in their investigations, that of the persons who had suffered from the yellow fever in an epidemic anterior to that of the year 1828, nine only were ill in the course of this last, and admitting all these to have had a second attack, we ought to conclude that cases of second attack are rare, and adopt the opinion of the commission, which is also, as we have seen above, that of a great number of physicians, whose writings are of an earlier period. The conviction of the truth of this conclusion is so deep at Gibraltar, where there have been four epidemics of yellow fever in so short a space of time, that in the last, that of 1828, several persons exposed their children to those influences, which, in their opinion, would most probably bring in the disease, because at that time it was milder and less fatal in infancy than at a later period of life.

"Even physicians did the same thing, and amongst others, Mr. Amiel, being convinced that their children would have at that time a light attack of the disease, and that, nevertheless, for the future they would be preserved from it.

"We should remark, also, that those who were ill only during one or two days in epidemics anterior to that of 1828, and whose symptoms were very slight, have been equally well preserved from a second attack.

"We cannot doubt of this preservative influence, for it has been noticed in members of a family, all of whom were ill nearly at the same time, and during an epidemic. In some of them the disease was severe and well characterized; others manifested but very slight symptoms, such as were by no means characteristic of the yellow fever.

"From the facts already given, the reader can scarcely have a doubt of the preservative influence of a first attack of yellow fever. But it may be well to add to them the following,

as very remarkable examples of this truth. The first was given to the commission by Mr. Amiel. This gentleman visited, professionally, two young men of the name of Ray, during the Gibraltar epidemic of 1810. These same persons, in 1821, were on board a vessel anchored in Barcelona Bay during the yellow fever epidemic which prevailed there. Several passengers on board the same vessel were ill; the whole ship's crew (nineteen in number) died, but the two Rays continued to enjoy perfect health. The second fact was reported by Mr. Broadfout, and relates to civil and military domestics employed in the care of the sick during the last epidemic. The military domestics, one hundred and sixty in number, had never had the yellow fever in any anterior epidemic. The others, sixty-one in number, Spanish or Portuguese, with two exceptions, had already been its subjects. The two last, and forty of the military domestics, had the disease at different periods of the epidemic; all those who had previously had it escaped.

"In the interminable discussions which have taken place between the contagionists and infectionists, proofs have often been given of the non-contagious character of the yellow fever, drawn from instances of nurses retaining their health in the midst of the sick. But, in order to give such an argument any force, it must be shown that these nurses had never had the yellow fever in an anterior epidemic; and the necessity of doing this is the greater, for, as the physicians of many of the Spanish cities (men worthy of all confidence) have assured us, it is customary to select the nurses from among those who have already had the disease.

"As to the question, whether a first attack of yellow fever preserves from a second, those who go from one climate to another, as from Europe to America, the facts laid before the commission by Drs. Ardevol, Cortez, Merry and Dias, are as follows: Dr. Ardevol knew at Havana many Spaniards who had had the yellow fever in Spain, and who were not attacked by it in America, living there when epidemics of that disease were prevailing. The same physician had seen at Barcelona, during the last epidemic of yellow fever in that place, persons who had had the yellow fever in Amer-

ica, and who enjoyed uninterrupted good health. Dr. Cortez, twenty-five years a practicing physician at Gibraltar, reported that of twenty-six members of the same family who had left Gibraltar to reside in Cuba, two only were attacked there by the yellow fever, and these two were the only ones who had not had it in Europe. Again, Messrs. Merry and Diaz spoke of thirteen navy physicians and surgeons, who, having had the yellow fever in Spain, went afterwards to Havana and Vera Cruz, without contracting the disease a second time, though constantly in a flat in which it prevailed. These facts, though few, are conclusive, and as the commission observed in their report, ought to have a great influence in the selection of troops by whom the colonics, where the yellow fever prevails habitually, are garrisoned. In this point of view, Sir William Pym has rendered a great service to science and humanity, collecting, as he has done, facts which show that in an epidemic of yellow fever, the care of the patients ought, as much as possible, to be confided to those only who have had the disease at some other period, and that those who have had the disease may remain with safety in a city where it is prevailing epidemically, as did the inhabitants of Gibraltar. We should remark, also, that the preservative influence of a first attack of yellow fever is not destroyed after a considerable lapse of time; twenty-four years, for example, since the inhabitants of Gibraltar, who had had the yellow fever in 1804, were preserved from it in 1828 as effectually as those who had been attacked by it in 1815."

We see that it was equally the case here in our own city of Houston; those who had the disease in 1839, also in 1844 and 1848, and again in 1853, were all equally well protected from this our last epidemic of 1867; so were others who had had the disease in other cities and then removed to this.

The following was the result of treatment by the Homeopathic method in my hands. From the first of September to the last of October, one hundred and twenty cases were treated, viz:

| | | | | | |
|---------------------------|---|---|---|---|-----------|
| Adult males, | - | - | - | - | 45 |
| " females, | - | - | - | - | 39 |
| Children, under 15 years, | - | - | - | - | 36 |
| Total, | - | - | - | - | <hr/> 120 |

Fifteen of the above number were of African descent, the greater part of whom had a large infusion of white blood in their veins.

The mortality was 2 adult males, 3 females, and 2 children. Of the above number, two or three were in a hopeless condition when put under treatment.

PART III

SOME GENERAL CONSIDERATIONS WITH Regard to the Treatment of Yellow Fever.

No disease, which has obtained from its great fatality so much notoriety, and called forth investigations and researches so extensive, has ever remained in such obscurity, in a therapeutical point of view, as this. Except the facts furnished by autopsy to guide us in its treatment, its therapeutics is a perfect blank; and even these seem to carry bewilderment and confusion into every plan of medication that human ingenuity can devise. Such are the diversities of lesion by which life is destroyed, that to frame a plan of treatment to meet these in the living subject, would appear to be simply an impossibility. Nor is any portion of its history in a much more satisfactory condition than its therapeutics. Whether its origin is continental, insular, or indigenious to some limited locality, is involved in the obscurity of conjecture. On the page of scientific history, yellow fever stands an unsolved mystery, without the clue of an Ariadne to guide us through its mazes of incertitude, thus presenting itself as the opprobrium of the medical profession, and a reproach to it as a practical art. It may be likened to the Delphic Sibyl in her dark *delubium*, giving forth her mythical utterances in such obscure allusions as to delude the very hope they have inspired in those who have frequented her fane. Or again, it may be likened to a sorceress, who stands in defence of her secret arcana, with the curse of reprobation upon her lips against those who would introduce light, for the purpose of driving

off the dark shadows of ignorance, stultified prejudice, and pragmatism self-sufficiency. A spell of madness seems to be inflicted upon all who come within her magic circle, and among these, nothing is heard but incoherent oburgations, reproaches and recriminations; nor do these cease around her, among sanitary boards in cities, until she is fairly seated in her curriculum, whip and reins in hand, ready to run her destined course.

The foregoing succinct statement of the present status of our knowledge of yellow fever, has been made with the view of showing the difficulty of offering any treatment of the disease, of any value, derived either from studying authorities, or from personal observation, except entirely of a negative character. We shall, therefore, as our caption indicates, confine ourselves to general considerations in relation to treatment, hoping by suggestions to lead to the adoption of means more efficient and rational than any now found in use, in the pell-mell prescriptions of daily practice.

In order to place yellow fever in its proper category, in relation to its therapeutical amenabilities, I must avail myself of that trite classification of diseases which divides them into two orders, viz: The Curable and the Incurable.

The first, fortunately, comprises a majority of the diseases to which humanity is liable, and requires no further notice from us here.

The second—the incurable—divide themselves into two kinds: 1st, Those whose tendency to the dissolution of the patient is inevitable, such as Phthisis Pulmonalis, Carcinoma, &c.; 2nd, Those diseases that run their course in despite of remedial interpositions, and are therefore not amenable to therapeutical agents; but having a natural tendency to spontaneous cure, many patients recover from them. Of this kind is typhus fever, small pox, measles, yellow fever, &c.

It is probable this is the first time that yellow fever ever had a place in the list of incurable diseases; nevertheless, it is now in the category to which it belongs, as well by its affinities as by its characteristic phenomena; 1st, By its affinities, it belongs to the zymotic or typhus family of diseases, which are known to run their course irrespective of

all attempts at medication ; 2nd, Its characteristic phenomena : 1st, These are, that all attempts at aborting the disease—that is, of cutting the fever short, and establishing its cessation as the starting point of convalescence—have proved not only fruitless, but the most disastrous of the many plans of treatment that have been devised. A second characteristic of its phenomena is, that no case ever was reported in the annals of medicine in which its four stages were not well marked, viz : Its cold stage, its synochal, and its stages of collapse and reaction. These four invariable stages stand as four immovable corner stones, to attest everywhere the fixedness of its boundaries, in despite of all attempts by violence to contract the one or move the other. A third characteristic of its phenomena, is that no patient was ever so successfully cured as to deprive him of the benefit of future immunity from a recurrence of the disease. Hence, that it has not been regarded as incurable, is one of the chief causes of its great mortality. No physician who does not understand the fixed routine of morbid action in a specific disease, should ever presume to give a dose of medicine in its treatment ; and if this be true, or nearly true, with regard to all diseases, it applies with ten-fold force to the fever under consideration. That it has not been regarded, I repeat, as incurable, is one of the great causes of its fatality. If persons, whether in or out of the profession, could appreciate the delicate sensitiveness of this fever to the slightest rudeness of medication, they would instantly accord the full force of truth to the preceding remark. Without the knowledge of these two facts, viz : that it can not be cured, and that the slightest mismanagement in the case, or blundering in medication, will prove fatal, a physician is called to a case, and of course he thinks it his business to cure it ; and this can only be done by the force of his remedies. Well, the result of such a physician's, and every other's effort to cure the disease, is to add to the mortuary list of the sexton another and another victim, until even human vanity, arrogance and ignorance is turned into the loathsomeness of disgust—the slaughter ceases from satiety, or contrite conviction of blunders, that moral turpitude itself would shudder to repeat. Let me repeat,

once for all, that it will never be cured until all *attempts* to cure it are put down as impracticable absurdities—then, perhaps, a mode of treatment will or may be adopted that will lead to a certain and favorable issue. To this point we will come in due process of time, that is, after we have sufficiently demonstrated its incurability.

Let any one take up a systematic treatise upon the fever under consideration, and look at the list of violent remedies with which it has been encountered, and he will find that all that part of our materia medica which had been at any time tried for its cure, is now layed aside ; and the world of medical science, as it now stands—not misrepresented by empyreism or conventional modes of treatment—is without even a classification of existing remedies for its medication. What have our numerous tyroes scattered throughout the South—at least tyroes in the treatment of this disease—to say to this galling fact? Are they prepared with any counter-statement of fact to show why they dared to improvise a treatment, every article of which any use was made was condemned as useless or mischievous? If they have, let them show it in justification of their extemporising remedies, at the expense of human life, for a disease that our ablest writers have abandoned as hopelessly irremediable. But just at the point when the systematic writers failed, the professional sciolists, the Creole or nurses' practice, made its appearance, and by a judicious exchange of scientific suggestions, for the empiricism of old women's ptisans and sweating processes, they have managed to keep themselves in countenance, practice and bread.

No doubt this practice, at the time of its general adoption, was very successful, as compared with the harsher remedial treatment which preceded it. It may readily be imagined that any course of treatment, which apparently preserved the lives of a few patients in this terrible scourge, would be regarded with great favor ; a scourge in which all were supposed to be mortally afflicted as soon as attacked. Thus Dr. Rush's ten and ten of calomel and jallap took precedence, for the time being, of every other remedy or remedies that had been used heretofore by himself or others. Throughout the

whole of the western archipelago, blood-letting, calomel and other herculian remedies had their day ; but the results obtained by them, falling short of expectation, owing to the ever changing phases of the different epidemics, soon brought them into disuse. Thus, as soon as a given remedy or course of treatment ceased to restore as many cases as it had done in former epidemics, it was supplanted by some new favorite, which was soon to experience the same fluctuating fortunes. This unsettled practice is easily explained when we take into consideration the wide range of symptoms and the great variety of lesions revealed by autopsy, which clearly indicate the difficulty, nay the impossibility, of framing any code of practice which can meet the requirements of this form of fever. In this incertitude as to treatment, either the French or Spanish practitioners hit upon what is now known as the Creole, or more familiarly, as the nurses' practice. This was a great triumph over the vacillations of the herculean, or perturbing practice, as it at once gave to the world a system of treatment ; and being adopted on the most northern border of the great western archipelago, it soon spread to all the cities situate around the Gulf of Mexico. Its being applicable, at that time, to the modified forms of fever which prevailed in the localities above indicated, gave it unprecedented success, and caused its adoption to be regarded as the *sine qua non* in the recovery of every case—*that got well*. But now that an enlarged intercourse with the inter-tropical world has furnished us with epidemics of a much more malignant character than those to which this treatment was applicable—epidemics which have not been filtered slowly through climates intermediate between the point of local origin and the south-western shores of the Gulf, by which they had been deterged of much of their fatal qualities—it behooves the profession to reconsider its pretensions, and see how far it is reliable in the emergencies of present circumstances. Indeed, if we regard its *modus operandi* as affording the means of conducting a case to a safe issue, we must say, never were means worse adapted to an end—hence the inference of its success, under any circumstance, has always been coupled, in my mind, with the fact that remedial pro-

cesses were dispensed with, which gave nature a chance to throw off the disease, the quietude which was enforced upon the patient greatly assisting in producing the result.

Having heretofore shown that all curative means—viz : means intended to arrest the course of the fever—were inapplicable to its treatment, it now becomes necessary to explain, that it is not proposed to abandon the case to nature, and expect a cure, but, on the contrary, to assist her as far as we can in conducting it to a safe issue. All our remedies and means, then, must range themselves under the head of adjuvants ; and since we cannot cure yellow fever, let us at least help nature, if we can, to cure it for us. At this point it becomes necessary for us to examine the Creole or nurse's practice, to see how far it conforms to the above suggested adjuvant treatment. As preliminary to this examination, the reader will demand, very justly, to be informed in what the Creole treatment consists.

To give a full description of the whole affair, would carry us a little too far into details ; suffice it to say, that it consists of a big, fat old negress, a little mulattoish, and if Frenchified, so much the better, with an awfully important air ; next, a very tight room, with a bed in it rendered monstrous by the number of blankets heaped upon it, under which lies a poor human being, sweltering in perspiration, extorted from him by constant appliances of hot bottles of water, foot mustard baths, and orange leaf tea. In this condition, this poor wretch is held down, if necessary, or the cover is forcibly kept over him ; nor is a breath of air allowed to visit his burning temples or his flushed cheeks, until the fever spontaneously subsides. Whether a drop of water is allowed to touch the parched tongue of this modern Dives, depends upon the caprice of madam nurse, or it may be of a knight of the pill box, who, by the way, is a supernumerary character in the affair, seeing that the aforesaid authoritative nurse can execute the process without his aid. In fact, as it was originally devised, it was intended, no doubt, to dispense with the intermeddlings of doctors and their drugs, thus rendering these additions to the treatment an incumbrance and a disfranchisement of its privileges. But the

title of doctor seems to confer ubiquity upon its possessor, and by some talesmanic art, is the open-sesame to all sick chambers ; therefore, we will be compelled, per force, to recognize him as part and parcel of the paraphernalia of this extemporized sweat shop ; and as such, he is entitled to his inevitable bottle of castor oil, and other insignia of professional out-fit, for a vigorous rencounter with the enemy. As the doctor seems to be a little at leisure, we will approach him, and get him to explain his views upon the treatment. (The interlocutors are the writer, reader, and the doctor, respectively represented by the abbreviations of W., Doct., and R.)

W. "Well, doctor, give us some account of your treatment. Where did you learn it, and what is its object?"

Doct. "Well, sir, I have been a long time in the South, and found it in full vogue when I entered the yellow fever region ; and having never seen, or indeed heard, of any other plan of treatment, I adopted this from convenience, and finding that I did as well with it as others, I have been content to confine myself to it. As to its object, I suppose it is to cure the fever."

W. "What is the character of this fever with regard to heat of surface?"

Doct. "I must say no fever I ever examined is near so hot as this."

W. "Do you not think your means of sweating your patient adds to that heat?"

Doct. "I do not ; because I do not know how much hotter he might have been had I not sweated him ; so you see I can imagine how much cooler he is than he would have been without it, and thus give the treatment and me all the credit for breaking the fever."

W. "Would not the fever have broken spontaneously, at the proper time, without your assistance?"

Doct. "I reckon not, stranger, as I have never seen a case just slough off the fever, and get well so, until the pores of the hide were kept open long enough to draw off the fever."

W. "Then when you have thus drawn it off, I suppose your case gets well immediately?"

Doct. "In easy epidemics they do, but in hard ones like '53, '54, or this of '67, I tell you, stranger, after the fever was killed, it took all the rubbing with mustard and brandy and pouring down of the last, to keep life in any of them, and even then more than half of them died."

W. "Still you think this is the right method of treating the disease?"

Doct. "Certainly I do, and shall continue to do so until some one can invent a better one; and even then I would not swap it off, until everybody had tried it, and proved the new to be a better method than the old."

W. "Upon what great therapeutical principle do you sustain it?"

Doct. "Upon the principle that with the perspiration the fever is drawn off, just as you draw off whisky from a barrel by inserting a faucet in it."

W. "Does not all this fluid come from the blood?"

Doct. "Well, I reckon it does."

W. "Then, if it comes from the blood, does it not constitute one of the elements of the blood?"

Doct. "I think so."

W. "If you draw off all the serum, how are the liver, kidneys, and all other secreting organs to be supplied with material to keep up their functions?"

Doct. "Well, stranger, this is rather the business of those organs than mine; and when I apply my remedies and they can't stand them, I say, decidedly, let them look to their own duties, and I'll do the same."

W. "I perceive to my regret that until a new set of practitioners is introduced, more intelligent and more amenable to the dictates of common sense, there is little prospect of improvement in the therapeutical management of this disease. Here ignorance and prejudice have planted themselves too firmly upon their own errors, ever to permit reform to visit them in their enchanted fastness of self-conceit and self-sufficiency."

Doct. "Well, stranger, I think you are about right in your reflections. Now, if they all had the schooling in this fever that I have had—thirty years in the South, and five years in

a hospital—then there might be some hope of their knowing something about it.”

R. “It seems you may still have something valuable to communicate, seeing your residence of five years in the hospital must have added much to your information ; therefore please continue your instruction. How many did you nurse during your abode in the hospital ?”

Doct. “In '53 and '54 I nursed more than a hundred cases, nearly every one of whom seemed to die for my special benefit, for as I was studying to be a yellow fever doctor, I was allowed to see them all opened ; so you see I had the best chance in the world to look at the very inside of yellow fever.”

R. “Will you be so kind as to tell us what you saw ? But first tell us how your patients were treated.”

Doct. “They were all treated on the plan of the Creole practice, and were carried to the dead-house just in a condition to look at the mischief done ; for they were all carried from the sweat-room, hot enough to keep every part in good order. I have seen the liver as dry and as brittle as a hoe-cake ; then again yellow and so full of blood that it would burst in handling. Then as to the kidneys, I have seen them shriveled away until they were not much larger than a couple of butter-beans. The stomach on the inside had no lining on it, the black vomit having got behind it and pushed it all off, just as a blister does the cuticle ; and then it was in separate bladders, and every time the patient vomited he bursted one, and out would come the black stuff.”

W. “That will do, my friend ; your information is so important and so pregnant with practical facts, that I shall offer it to the world, that it may profit by it ; and as for yourself, I shall present you to its kind regards, as a fit representative of the Creole practice wherever adopted.”

We have wasted, perhaps, more time upon this miserable apology for the treatment of the disease under consideration than it in itself deserves ; but the mischief which it has done, and may do, owing to the tenacity with which it is held on to, both by those in as well as out of the profession, has conferred upon it a factitious importance that will excuse

any amount of labor that may be bestowed upon it, with a view to counteract its baleful influence upon the public health and safety. Upon what ground it holds even a place among the plans of treatment now in use, is difficult to conjecture; but that it should be the chief means of combating the disease under consideration, by the only *true* and *exclusive* votaries of scientific medicine, is an anomaly still more perplexing than any other problem connected with the subject. If it had even the prestige of empirical success to recommend it, that success would be sufficient to enforce the scientific world to hold its peace, and let it still guide the issues of life and death; but without this, in the present crisis of malignant epidemics, at which the cycles of the disease have now culminated, that a treatment which would almost disgrace the humblest form of Thompsonian medicine, should constitute the main resource in the South to combat the disease by the most numerous class—and the one, too, which claims superiority in power, science and art, over all the pathies of the day—is most wonderful. If it is a failure then as an empirical treatment, and has neither the sanction of a scientific deduction in its favor, nor the authority of a single name derived from books, worth quoting, to sanction it, upon what ground is it still kept among us, to add poignancy, if not death to our mortal scourges? The world has a right to ask of that numerous branch of the profession, to show cause why it is retained and relied upon, under existing circumstances; and if so retained and relied upon, then to defend it upon some known grounds of rational hypothesis or scientific deduction. The sufferings of humanity are too manifold from the abuse of professional confidence, in this case, to permit a combination of wiseacres either openly or covertly to set at naught this demand in the premises. Let the public be warned against the imposture of the treatment under consideration, for it is nothing less; nor is it competent to escape the condemnation of the practice that drug remedies have been conjoined with it, for these only increased its mortality. What would a patient or his friends say to a doctor who should propose to draw twelve pounds of blood from him daily, as long as the fever lasted? Would they not indignantly tell him to hunt some other

patient to try his experiments upon? yet his proposition is not so irrational as the practice which takes at least that much perspiration from him, because the former leaves the blood in an integral condition as to its elements; whereas, the other mode of depletion carries off one of its main ingredients—the serum—and thereby unfits it for circulation and secretion. But let us waive this advantage of blood-letting over sweating as a depleting process, and say, once for all, let no one deplete a yellow fever patient by any process whatever, and expect that he has not thereby greatly diminished his chances of recovery. This adherence to this practice, is greatly to be regretted by all who feel an interest in Allopathy—that adherence being principally confined to its advocates and votaries—thus bringing into its congregation an empirical heresy with which its scientific creeds have been contaminated and corrupted. It can now have no sanctuary freed from the lowest intrusions of empiricism, since they have recognized the Thompsonian principle in practice in the most important diseases we are called upon to treat. Furthermore, in this adherence, they have abandoned the richest field of glory that ever awaited her triumphs in science. Now, a rival has entered that field in triumph, and will soon master it, while Allopathy will be driven in shame from it, or be dragged at the car of Homeopathy in disgrace. There is no exaggeration in this. The world of renown can only be reached by toil, vigilance, and well directed effort. Let Allopathy assert its dignity, put forth its powers in the right direction, and not begin to fold its arms at a first difficulty or two, or to allow old women or empirics to direct her steps in her march to the goal of proud achievement; if she does, she will fall by the wayside. In her present humbled condition, I know not how she can refuse to fraternize with any low charlatanism that comes along; she may next be expected to clip quack advertisements from the newspapers, with the view of giving these mixtures a place in some future edition of new remedies. Nothing can be more humiliating than to see our old Alma Mater brought so low as to render, instead of receiving at her shrine, homage of all the pathies.

We will now take leave of the Creole practice ; but before we do so, must bequeath it our parting blessing, which is, that it may very soon find a resting place in the tomb of all the Capulets.

It still remains for us to explain the adjuvant practice, mention of which has been heretofore made, in connection with the statement, that all remedies which do not come under this head, are inapplicable to the treatment of yellow fever. These are very mild means to keep down the fever, such as ice or ice-water to the head and face, gentle diaphoretics for keeping the skin moist, enema of cold water for the bowels ; and if anything is given with the view of controlling the action of the heart and arteries, it should be the bisulphite of soda, 20 grs. dissolved in 8 ounces of water, to which is added sulphurous acid enough to acidulate the mixture, which is given every two hours. When the fever subsides, adjuvants now take the form of gentle stimuli, moderately administered as to time and quantity. But I will not detain the reader any further, but will refer him directly to the excellent article upon the treatment of the disease by our co-laborer in this little treatise.

THE NON-LOCAL ORIGIN OF YELLOW FEVER UPON THE WESTERN CONTINENT.

This declaration will no doubt startle many, if not all my readers, and is so contrary to all the teachings of the numerous faculty of the South, that I fear that I will hardly be able to get a candid hearing in the premises from those who ought to feel so deep an interest in the subject. Be this as it may, the views I entertain are so important, not only in themselves, but also in their bearings on other collateral questions of great moment, that I shall devote as much time and space to their consideration as the nature of my undertaking will permit. This importance will be readily appreciated, when the reader is informed that the question of quarantine, as an efficient means of protection against the ravages of this terrible scourge of the South, is involved in its issues.

I am fully aware of the darkening hosts of prejudice, conceited egotism and stupid dogmatism which will spring from their lairs, and turn loose their fury upon any one who ventures to mention this ominous term in connection with the sanitary measures for the protection of our cities along our seaboard. This formidable array of opposition to the view announced in the caption of this article, precluding all hope of making converts to it, we will nevertheless present it, with the sole object of calling attention to it, as an elementary fact, which may lead to its examination, whereby its truths may be not only established, but all the sequences flowing from it become the fixed record of its history.

The great point is the autochthonic origin of yellow fever. It is now a well established fact, that all the periodic recurring epidemics, which now and then have for centuries devastated the world, had such an origin. It will not be gainsaid by the most fastidious, that yellow fever comes within the category of a periodically recurring epidemic, and to this extent acknowledges its affinity to these great families of disease. A close affinity observed in any instance of a uniform character, between the leading phenomena of two distinct objects, is apt to conduct to the inference that other analogies exist; and the question is immediately propounded by the investigating mind, "Why may not yellow fever have the same kind of origin as that which has been assigned to the other epidemics of the same genera?" To establish this fact, in reference to yellow fever, we shall present some considerations to the reader, which, we think, will go far towards a conviction of his mind of its truth. The point of origin of Asiatic cholera is too well known to require any thing more than reference to it, and this we do for the purpose of the analogy existing in the spread of the two diseases. Asiatic cholera takes up its march along the lines of human intercourse, and intimately connects itself with this, as to its tardiness or rapidity of spread. This fact would seem clearly to indicate its power of self-propagation in all the localities in which it establishes itself, as a temporary inhabitant. Whence does it derive this power? Clearly not from contagion. It must then possess it from some contingent condi-

tion of local causes, wherein it makes its lodgment. What, then, is the relation of this local condition to the virus, thus furnished by the disease? To answer this question, we must admit that there is either a chemical relation, by which the virus converts the local element into a poison identical with itself, upon the principle of fermentation; or, that it puts forth a something to which this local element administers sustenance. Now, as the fermentative hypothesis is, for very obvious reasons, untenable—one of which is, that strong currents of air would constantly free any locality from any such epidemical cause, owing to the gaseous nature of the supposed compound—we must, therefore, adopt the latter, and maintain the doctrine of local sustentation. But this sustentation cannot be afforded to a virus or fomitias inanimate entities, unless upon the principle of chemical assimilation, which, as above stated, is inadmissible. We are, therefore, forced upon the recognition of the principle of its animal origin. There are no other grounds upon which its spread and local habitat can be explained. Upon this hypothesis, its phenomena, in this respect, are of easy solution. A patient, for instance, is carried into any locality in which the animalculæ, discharged from his body, are furnished with a suitable pabulum, in sufficient quantities, and instantly reproduction commences, and rapid generation spreads them in every direction, so that in a short time they have poisoned a large city.

This process, no doubt, is greatly hastened, as the number of persons attacked increases, each affording an additional focus for their reproduction. These, being infinitesimal or metaseopic, can easily penetrate the human skin through its pores, and, guided by the laws of instinct, we can readily imagine they select man's blood, as affording the nidus in which the species are propagated; just as a certain fly deposits its egg upon the hair of the horse, that it may perchance reach his stomach, and thereby reproduce its species. The animalculæ theory, applied to yellow fever, renders all its phenomena of prevalence, distribution, and mode of propagation, equally amenable to a rational solution. If it were possible for us to follow its line of march, as easily as that

of cholera, no doubt we would find it having a specific locality for its origin, just as that great migratory epidemic has. But two difficulties present themselves in our search for its locality of origin ; 1st, The Asiatic cholera does not confer immunity upon those who have had it—hence it holds to its point of origin, and exhibits itself annually as the endemic of that particular locality, whilst it prevails at none other, unless when it assumes the malignant form of an epidemic, when its march becomes too well marked not to attract attention ; 2nd, Yellow fever, on the contrary, by conferring immunity on those who have had it, refuses to reveal its point of origin, by this means—except by the importation of fresh subjects to the given point suspected, and kept up for a series of years, and always uniformly producing the disease ; without such importations, we have no mode of definitely identifying it. As this will never occur, in all probability, we shall forever remain in ignorance of the fact sought to be established. Another difficulty in our way in search for its local origin is, that it takes up its habitat in many localities in the tropics, which become the focus of the disease, from which it may be distributed annually for years to other places, thus assuming the semblance of the home of its origin. But observers, everywhere distributed on the islands of the western* archipelago, accuse every other place, except the one on which they are established, as being the unfortunate locality of its origin. If introduced into any one of them, it is likely to remain there for several years, as the amount of cold in the climate does not exterminate it, as it does with us. Thus, great confusion, upon this point, prevails throughout that wide range of its almost ceaseless migrations. But one prominent fact remains to be noticed, which will ever stand as a clear index as to the direction from which the fever comes, and indicate the country of its origin, and this is, that the most malignant form of the disease claims the western coast of Africa as its point of origin ; and the nearer our epidemics are derived from this coast, the more

*This word is applied in an analogical, and not in its literal sense—a western and eastern archipelago both being applied to islands instead of the seas in which they are situate.

malignant they appear to be. Witness the epidemic of '93 in Philadelphia, which, in despite of Dr. Rush's rotten coffee, no doubt, according to Dr. Pym, was carried to that city almost directly from that coast, or at second hand at least. Witness, also, the epidemic on our Southern border in 1853, which was imported directly from Rio; and to that place from Africa. The most sensible opinion I have ever heard from Dr. S., of New Orleans, was that that epidemic was the true African type of the fever, and truly it was so; and the same may be said of that which prevailed this year, both being distinguished by the petechial eruption, which characterize the fevers having this origin and malignancy.

But, as heretofore remarked, the point to be established as indigenous, is so much obscured by its migrations among the islands of the West Indies—many of which get the credit of its local origin—that a sweeping credulity prevails on this subject, which not only embraces all these in that category, but with a facile deduction, which disdains investigation, includes within the range all our cities along our Southern seaboard; hence many physicians, even among those deemed most intelligent, put in the claims respectively of New Orleans, Mobile, Charleston and Galveston to this distinction. Yet this is done in the face of the fact that they all pass years of exemption with a climatology not variant from that of the epidemic years, so far at least as observation can establish their respective uniformity. Furthermore, in the face of another historical fact of much more significance, as regards the erroneous character of these conclusions, viz: that a period of thirty years* occurred, between 1763, of the last century, and 1793, during which not a single case of yellow fever, either of domestic or exotic origin, took place on the western continent. Is it possible that such an interregnum could have taken place in any indigenous production, whether animal, vegetable or zymotic in its character? Such a fact is conclusive against any such a supposition.

*At one period, says Dr. Stevens, of St. Croix, there was an interval of thirty years, during which there was not even one case of yellow fever in the western world; and almost in every instance, where it first commences, when proper enquiry is made to ascertain its causes, its origin can be traced to traffic with certain countries on the western coast of Africa.

But again. Although a sweeping deduction may place these respective cities in the same category in this respect, yet it so happened that in Galveston, in every epidemic since 1839, inclusive, has been coincident with the introduction of the fever from abroad ; and if any exceptions exist, they can be easily shown to be mere revivals from the preceding year—the amount of cold of the intervening winter not being sufficient to exterminate the dormant germs of the disease. Thus were kept alive the great epidemics of '53, '54 and '55, the remarkably severe winters of '55-6 arresting the revival of the fever, and putting an end to its career ; and unless the present winter shall be of sufficient intensity to render us a similar grace, we may confidently expect the revival of our late epidemic the ensuing summer, with all its characteristic symptoms of malignancy, viz : its great mortality and rapid spread along the lines of human intercourse. If such should be the fact, those who contend for its local origin here and elsewhere, along our extended seaboard, will claim it as a confirmation of their favorite hypothesis ; and instead of attributing it to the cause just stated, will make it the basis of another tirade against the inutility and barbarism of quarantine. In this revival of our epidemics, and the non-observance of the cause of that revival, lies the principal difficulty in discriminating between its local and exotic origin. The cotton worm, which devastates our fields, affords an apt exemplification, in this respect, of the resuscitation of our epidemics, when the freezes of our winters are not sufficiently severe to destroy the one or the other ; and so strong is the analogy between them, as to local origin, that there are quite as many planters who attribute the annual recurrence of these pestiferous insects to climacterical coincidences, as there are doctors who contend that yellow fever springs from the same causes. Yet, destroy the one or the other, in their germinal state, and neither will re-appear until they are wafted to our shores from foreign lands—neither of them being indigenous to our climate. To argue against a proposition so self-evident as this, is to revive the exploded doctrine of equivocal generation, or to assume the existence of an effect without a cause.

Our maritime cities become, then, the gates through which all our epidemics enter, and unless these are closed against their admittance, it is in vain that we can expect to be exempt from their visitations. That they should not shut them, offers a curious problem to the casuist for solution, seeing the untold miseries which are inflicted upon their own citizens, as well as upon the inhabitants of the towns and villages in the interior of our country. But when we come to analyze this criminal indifference to the ravages of the disease, we shall ascertain that its solution is to be found in the predominant selfishness of our nature. If we examine the number of acclimated citizens in any one of these cities, we shall find that they greatly exceed those who are unacclimated. To the former belong, not only from numerical strength, but from longer citizenship, the government of such cities ; and these systematically and persistently endeavor to discourage and put down all attempts at quarantine, owing to the embarrassments which it may inflict upon commerce. This spirit is manifested in the unequivocal manner in which they denounce every physician who dares pronounce a first case of fever, of a suspicious character, to be of the type of yellow fever. Hence quarantining is declared to be a barbarism, unworthy of an enlightened age, and its advocates as fit subjects for an asylum. These views are carried into city councils, and their actions are framed in accordance with them ; and as their governments are in the hands of those who constitute, through their influence and power over the business avocations of others, the overruling party, they can carry out their narrow and selfish purposes, in despite of all opposition. Thus, I repeat, a large majority of acclimated citizens, in each of such cities, are found violently opposed to quarantine ; whilst the unacclimated have to remain the passive victims of such selfish policy, without the power of adopting any measures of self-protection, or of escape from its dire ravages, except by flight when the dread destroyer enters their gates.

The argument of those who represent the commercial interest of such cities, seems to be, that they had to pass through the ordeal, and having done so, they feel under no

moral obligation to endeavor, at any sacrifice of their own interest, or that of commerce, to shield others from undergoing the same hazard that they had incurred, in procuring their immunity from the fever; that the unacclimated had come to these respective cities with the view of settling in them; and, as a preliminary to their business pursuits, to pass through the yellow fever was a matter of first importance to them, and the sooner this ordeal was passed through the better for them. According to these views, to have the fever was part and parcel of the contract of the unacclimated in settling in the localities of its known invasions; and no one was to blame for his having to comply with its conditions. The *morale*, as to quarantine, being thus settled, its availability or non-availability, as a means of protection, becomes a question of secondary importance, and can offer no impediment to the adoption of such measures, in reference to it, as the commercial interest may deem most advisable for itself. This interest being dominant, all others must become subservient and yield obedience to its behests. Unfortunately for the interest of medical science, its votaries must yield to the pressure of the overruling power, and either yield the homage of obedience to the powers that be, or turn a deaf ear to the suggestions of self-interest. Few men in the profession have the moral courage to brave the epithets of old-fogy, alarmists, &c., especially when applied by men in power, or by those in high social positions, and whose frown or scorn can blast their professional prospects. The city governments, when they refer questions to the faculty, touching the efficiency or the inefficiency of quarantine, know full well that decision before it is rendered. Physicians are men, and are as subject to the bias of self-interest as other people are. To ask them to decide a question, on one side of which is their bread and butter, and on the other just nothing at all, is simply to forestall that decision. The common prudence of men, in every department of human affairs, has long since taught them to guard against our natural propensities to selfishness. Hence, men are not permitted to preside as judges in our courts, or sit as jurors in any case involving their own interest; yet physicians are called upon

to decide upon questions in direct violation of a principle so sedulously guarded against by society, in every instance where its operation might prove prejudicial to the well-being of its members. Are communities so blind that they do not perceive that doctors are almost exclusively the beneficiaries of these incursive epidemics; and seeing it, yet persist in placing them in positions which render their dictum potential in keeping open our ports, through which our epidemics make their incursions? This could not be, unless there was a secret sentiment in such communities opposed to the policy of closing them.

The confidence reposed in high-minded and honorable members of the profession, can never be misplaced—men who pursue science for its own sake, and who cannot be turned aside from the pursuit of its dictates by the pitiful considerations of selfishness; but it is to be feared that they are too much in a minority to avert the evils of which we complain; at least, quarantines in our seaboard cities are at a great discount, which could not be the case unless a majority of the medical faculty were under the influences above alluded to. It must be admitted, nevertheless, that there are numbers of high-minded physicians, who are sincerely convinced of the local origin of the fever, who maintain that opinion from the convictions of their own minds, and independently of any extraneous considerations. Begging simply to differ from these in opinion, far be it from our purpose to implicate them in any selfish scheme of policy, in acting in the premises in accordance with their own views.

That the writer has not mis-stated the ground upon which is founded the opposition to quarantine in our maritime cities, viz: the preponderance in point of numbers of acclimated persons found in such cities, he will cite, in favor of his views, what happened in reference to this matter in our rural towns and villages. In these, nearly the whole population being unacclimated, quarantine, as a means of protection, found no opposition, when all were equally interested in keeping off the epidemic; and when it was adopted, and efficiently maintained, their exemption from the fever amply

repaid them for their persistency in maintaining it—thus setting an example worthy of being imitated by their brothers of the seaboard. If the interior towns can protect themselves from the fever by cutting off all communication with the infected seaboard cities, why may not these protect themselves from it by the same means, when menaced by an attack from abroad? But whether they do or not, the late experience in Texas, in the efficiency of quarantine, has been demonstrated in too many instances in our own towns, for the lesson ever to be lost in the future; and hereafter, when our seaboard cities, from negligence or indifference, are ravaged by the epidemic, their unacclimated citizens will be compelled to abide their fate at home, instead of being permitted to distribute the disease by taking refuge in the country.

But I would by no means do the city governments the injustice to say, that they were so indifferent to the approach of yellow fever, as not to adopt sanitary regulations, at least in reference to internal precautions. On the contrary, nothing can exceed the industry and vigilance of health officers in the removal of filth of every description from the streets, alleys, back premises, &c. If the city was about to undergo a strict review, as to cleanliness, by some authority competent to impose a heavy fine upon it for the slightest deviation from the strictest requirements of mundification, no more pains could be taken to escape such a fine. In truth, one would suppose, from the industrial efforts and vigilance of execution, that yellow fever was some distinguished guest, to whom it would render honor, and whose delicate olfactories might be offended by the slightest reeking of stench, and whose smiles or frowns—potent for good or evil—were to be won or averted, accordingly as they succeeded or failed in this cleansing process. But, unfortunately, this distinguished guest is not to be thus propitiated—his attention is not to be diverted from his purpose, or balked in it, by any such paltry consideration as the condition of a city in respect to its cleanliness or want of it. When he has once effected a lodgment in a place, he has accomplished all he asks of the city authorities; and immediately proceeds to his legitimate

business of victimizing those who are strangers to him. His mission is blood, and blood he will have, in despite of all the arts of the therapeut, surrounded though he be by all the insignia of his cabalistic science—"A' kind of boxes, mugs, an' bottles"—but still he reigns, unchecked or unintimidated, until the blood of the last victim has smeared his chops. No, city fathers, the fight against this monster must be on the outside and not on the inside of your walls, if you expect to repel his invasion. Those who expect to struggle successfully against him after he is master of the citadel, have lost all the advantages of defence, and yielded the victory without an effort worthy of the name.

To confirm the views here presented, we quote from Dr. Copeland's Medical Dictionary, a standard work of the very highest authority, the following :

"It cannot be denied by any one who has attended to the subject of quarantine, especially as it has been agitated in recent times, and with a due knowledge of the influence which the ruling passion—the desire of amassing wealth—exerts upon all the more generous and social emotions of the mind, that the restrictions imposed upon trade, arising out of precautions against the introduction of pestilential infections, have been the chief cause, directly or indirectly, of producing opposition to the doctrine of the infectious properties of pestilence ; and all that has been written to disprove the doctrine—and written with no small virulence by some—has not proceeded from a firm conviction of the justice of the cause espoused, but are either special pleadings, subservient to sordid purposes and the gratification of disappointed feelings, or of private resentments, or outpouring of minds teeming with mistaken views, arising out of imperfect observations and hastily formed opinions, and excited by a desire of acquiring notoriety in a contest involving the interest of the whole community.

"Dr. Gordon, of St. Croix, government physician to the Danish West India Islands, concludes his remarks on the malignant pestilential fever prevalent in these islands and North America, near the close of the last century, by stating his belief in the importation and diffusion of infection, by

ignorance, perversity and selfishness, or by the abstraction of the sentiment of public good, by the abuse of all preventative measures, in the promotion of the speculations of cupidity, and the calculations of venal men ; by the prostration of truth and humanity, and by eluding the laws of quarantine."

After quoting many instances, and numerous authorities, illustrative of the efficiency of quarantine in averting the spread of the epidemic, he adds the following comment, page 179 :

"In whatever light this fact may be viewed—exemption procured in the midst of the pestilence by non-intercourse with the sick—it suggests a most requisite precaution ; and that such a precaution should have been neglected, may be viewed as one of the evils arising out of the doctrine so assiduously inculcated by the heads of the medical staff on the outbreak of the pestilence. The non-infectionists argue that the malady is not propagated by emanations of the sick, either direct or by fomites, and hence no such precaution as the one now stated is requisite. That it was most requisite—that the neglect of it in this, and on numerous occasions in America, the West Indies, Africa, and in Southern Europe, was most calamitous, even most murderous, is apparent to any reflecting mind. Ten times as many lives have been sacrificed during the last sixty years, by the abettors of a most erroneous doctrine—by following the false glare of what has been ignorantly deemed the lights of science, instead of adopting the suggestions of common sense—than have been lost on the field of battle."

Dr. Currie, in his work on Bilious Fever, states that a contagious fever, "called the yellow fever," has occurred six times at Philadelphia since the first settlement, viz : in 1639, 1741, 1747, 1762, 1793, and 1797. Dr. Lend states that in the year 1741, "the disease was introduced by means of a trunk of wearing apparel, which had belonged to a gentleman who died of the disease in Barbadoes, and that the disease spread from the family who had received the trunk into the town, and destroyed about two hundred of the inhabitants."

In an account of the prevalence of this pestilence in 1762, communicated to the College of Physicians by Dr. Redman, it is stated that the disease was introduced about the end of August, by a mariner, who arrived from Havana ill of it, who took lodgings near the New Market, below Pine street.

Dr. Lining, of Charleston, says, "The fever does not seem to take its origin from any particular condition of the atmosphere, independent of infectious miasmata; for within twenty-five years, it has been only four times epidemical in this town, viz: in the years 1832, '39, '45, and '48, though none of those years, except one, were either warmer or more rainy than the summers and autumns were in several years in which we had not one instance of any person being seized with this fever."

Having said as much as our space will allow upon the non-local origin of the fever upon any portion of sea-coast—Atlantic or Gulf—and upon its portability from place to place, either as fomites, or in the persons of the infected, we will now direct our investigations to the West India Islands, in order to establish our declaration that its permanent local habitat is not to be found on the western continent.

Dr. Fosse makes no mention of its occurrence in St. Domingo between the years 1775 and '93, and Dr. Gilpin, who resided many years in the Island previous to '93, confirms this statement. Dr. Davidson states that in the more healthy islands of St. Kitts, St. Vincent, and Barbadoes, soldiers have arrived from Europe, and remained there for years in the enjoyment of good health, notwithstanding their debaucheries. Dr. Weir, director general of army hospitals, states that he arrived in Jamaica in 1785, from which time till 1782, only one officer died out of four regiments quartered there, and that no fever of bad type occurred during these years, until 1793, when the pestilence appeared. Dr. Theodore Gordon served in Barbadoes, Dominica and Jamaica during five years preceding the occurrence of this malady in 1793, and considered the health of the troops remarkably good, &c. That this malady is not a constant resident in the West Indies, (and therefore not indigenous in them) is further shown by Dr. J. Hunter, Dr. Franklin, Dr. Gordon,

and others who have found troops remain during several years perfectly healthy. Its outbreak occurred in these islands, after many years of immunity from it, in February, 1793, in Grenada, at a time when bilious remittent fever does not prevail. It did not reach Dominica until the end of July; Barbadoes was unaffected until the beginning of 1794, and St. Domingo did not suffer until late this year, and then in consequence of the introduction of the contagion by a detachment of troops from Gaudaloupe, where it was raging. This pestilence appeared in Philadelphia in the month of July, 1793, and during the latter part of that year and 1794, it reached most of the West India Islands.

Dr. Dancer, of Jamaica, after a close examination of the opinion emitted respecting the malignant pestilence of 1793 and 1796, states most decidedly, "that it is an imported disease, and communicable by contagion." Dr. Charlton, president of the Medical Society of New York, since the year 1762, in that city, declared that he never saw a case of yellow fever before 1793, and that he always considered it a disease of foreign origin."

It is evident that if this fever only occurs in the West India Islands at long intervals, as shown above, and then in consequence of its introduction from abroad, most assuredly it shows none of the laws of an indigenous origin, but is clearly an exotic. Now, if this be true of all these islands which lie within the range of latitudes propitious to its local origin, and yet it is not produced, how much less likely is it to be indigenous to the coast of the United States, north of the tropics, where the thermal range of annual temperature is greatly below that said to be necessary to its production? If it be indigenous to our seaboard, and not to the islands within the tropics, then has the world greatly erred in considering it a disease of hot instead of cold climates. Yet from the facts adduced from the records of its history, to this absurd position the advocates of its local origin are driven; nor can they escape from it, except by either abandoning a phantom hypothesis, or by overthrowing the whole records of the disease, as it has been developed, and spread throughout these islands, as shown by numerous observers stationed upon them for more than a century.

As furnishing still further evidence in favor of quarantine, we give place, by permission, to the following letter, written by a distinguished physician, recently of Philadelphia, now of this city, whose experience in the late epidemic was of too painful a character not to have awakened in him regrets most poignant, that his views in relation to this subject had not been acted upon here, and thus have saved him from the sorrows of family bereavements :

GALVESTON, Dec. 27th, 1867.

DR. RICHARDSON :

Dear Sir—To your views, expressed to me in a recent conversation upon the disease which has, during the past summer, decimated this city, I desire to add a few words. The paper you propose to publish, as a monograph of yellow fever, will doubtless be an important acquisition to medical science, and calculated to enlighten the profession in reference to many of its phenomena, so rarely noticed by the most elaborate writers upon the subject. I have, for many years, held my own theory of this pestilence. Its visitations and virulence have been alike predicted and dreaded.

When New Orleans was taken possession of by Maj. Gen. Butler, on the 1st of May, 1862, I then being the Senior Medical Officer, acting upon my theory, addressed him an urgent letter, requesting the establishment of a strict quarantine, to prevent the possibility of its admission from abroad. In that letter it was stated that yellow fever was not a disease indigenous to the soil or climate of Louisiana, and never of home production ; that in this respect, it was like their great staple, the sugar cane, which, when introduced into the State, would both grow and find soil and climate suited to its most productive and prolific results ; but that it was not native, or indigenous, nor generated either by latitude, climate or locality, and was never to be found, except as the direct result of importation. Upon these views Gen. Butler acted, and guarded, even at the cannon's mouth, every avenue to the city, being firmly convinced of their truth. Acting, as he did, upon the true theory—its portability and contagiousness—his measures were promptly taken, and his orders being strictly obeyed, he excluded from the city every case, for the whole season, and thus preserved the health of twenty thousand unacclimated persons. The epidemic of the present year in Galveston, I have passed through ; was the quarantine physician of the city, and, al-

though it was not in my power to prevent its appearance, or restrain its course, I am by this experience the more convinced of the truth of my original theory.

When the quarantine was inaugurated in Galveston, on the first day of June, 1867, by Mayor Haviland, to whom this duty was committed by Gen. Griffin, the city was entirely healthy. The first case of yellow fever appeared at Indianola in that month, and I had an interview at the earliest moment with the Mayor, for the purpose of having all vessels quarantined, and the trains from the interior placed under the same regulations. This was refused, on the ground alleged by the Mayor, that it was not yellow fever at Indianola; that Texas ports were, under his proclamation, exempt from quarantine, and that no disease could be brought into Galveston from another of our ports. I then went to Gen. Griffin with a protest—I declared to him that yellow fever was at Indianola, and that unless he would interpose his authority to prevent it, we would have it here. The General declined to take from the Mayor duties already committed to him, and directed me to go again to him and try to convince him of the necessity of his yielding to my advice. My errand was fruitless. The Mayor was an old gentleman, of antiquated views and ideas—did not believe in quarantine, no how; that it was a useless expense to the city, and a great drawback to commerce, and that he should do nothing more than had already been done. Thus, through the inefficiency, imbecility, or criminal negligence of the city executive, has this disease invaded every household—hearts have been broken, hearthstones desolated, and happiness forever wrecked.

But, sir, I sat down to give you my theory of the disease, and somewhat of my experience.

That yellow fever is a disease of foreign origin, no man of observation can doubt. That it never did originate within the boundaries of the United States, is just as certain as the truth of history. These two propositions are as clearly demonstrable as is the evidence of its existence. So far as the late epidemic will go in sustaining them, let us at once go into the evidence thus furnished, and trace it from its Texas beginning. A schooner from Vera Cruz, Mexico, with vomita on board, arrived at Indianola, Texas. There was no quarantine at that port. The blankets upon which yellow fever patients had lain, were carried from the schooner to an auction room and sold. The person who carried the blankets was the first to take the fever and die. The auctioneer who sold them took the fever, also, and died. The persons who purchased them took the fever, and several died. Through these cases, the disease became epidemic.

The first case that occurred in Galveston was brought from Indianola on board the steamship W. H. Hewes. The gentleman's name was Moller, from Baltimore, an agent of a tobacconist, who had been at Indianola on business. He was in apparent health upon his arrival, but in less than forty-eight hours thereafter he was buried, from the fatal effects of that disease, clearly and unequivocally marked.

From the house where this patient died, the disease commenced to spread. The next case was at the opposite corner; then the next was a few doors above; and thus it gradually but quietly spread by progressive steps, until almost every unacclimated person in the city had been attacked. Its ravages were fearful. The fatality was so great that almost every individual who could get away, left for the interior. By these the disease spread throughout the State in all parts not above the sea-level of 500 feet; above which it cannot be propagated. These are the simple truths of its history; and is there any man, do you believe, of one particle of experience and observation, who would dare to deny the fact of its contagiousness? Who would dare deny, at this late day, in defiance of the lights of science, of natural law, and of observation, that for virulence and specific contagiousness, there is any other disease, in the whole category of human affliction, so certainly reproductive of itself?

I am satisfied I can trace my own case to its origin; that I can show where every case that occurred in my family sprang from, and go to the burial place of my friends directly from my own house, witnessing all the varied phases and symptoms of the *there* acquired disease. That yellow fever is an exotic is evident from its entire dissimilarity to any of our domestic diseases. The difference is so essential and distinct as to impress medical gentlemen of the largest experience, that he has been brought into contact with a stranger. No foreigner ever landed in the United States possessing more marked habits, characteristics and distinctions, to indicate him as among and not of us, than does this disease when it makes its appearance. An evidence, gathered from inductive reasoning—that reasoning upon which medical science is alone founded and supported—is its non-recurrence in the same individual. Every one knows this to be a characteristic of other contagious diseases, such as measles, small-pox, scarlatina, &c., and of this disease also. In no case have I ever discovered where a second attack has recurred in the same individual, where the recovery has been complete.

The proximate cause of this fever I hold to be a blood poison, which poison is doubtless an animalcule. These an-

imalealæ are so infinitesimally small as not yet to have been discovered by the microscope, but capable of being absorbed, and of penetrating every tissue of the human body.

To elaborate from the system this poison, without exhausting the vital energies of the patient, is to effect a cure ; and if your paper will effect such a change in the treatment as to prevent the complete exhaustion produced by the Creole system of sweating patients to death, or medicating them into the grave, you will be a benefactor to the human race. If you convince the public mind that the curative process of nature is often disturbed by the doctor and the nurse, by a system unfounded in either reason or in philosophy, and that all experience proves, that in this fever, when nature has been permitted to wrestle with this pestilence, without these extraneous interferences, we always have the largest number of recoveries ; when, I repeat, you can convince the public mind of these facts, then the thought and labor you have bestowed upon your work will have produced their legitimate fruits. I am a physician of the old school, without one single sympathy for any of the pathies which have been engrafted as fungi upon my profession—endeavoring still, as I was taught, to seek from the great storehouse of nature for all my remedial agencies, and to apply them according to the lights of reason and experience, so that no laws of her's shall be violated, no curative process retarded—but that everything useful, everything developed by new scientific discoveries, and all else that improves our noble profession, belong of right to us alone. That no sectarianism is known in medicine—that quackery is a crime, and that honest men will always abhor both its practice and its author, whose purpose is (under the cloak of science) to hoodwink or humbug a confiding people, are my sincere convictions.

Very truly yours,

ROBT. K. SMITH.

The importance of the subjects passed in review in this little essay, when contrasted with its paucity of detail, cannot fail to call forth the criticism of the reader. In extenuation of this fault, we can only plead the limited time to which we were restricted in the execution of our task. Hence, condensation may have been carried to obscurity in many places ; but be this as it may, no labor was spared to render every sentence, in the more important parts, the representative of a suggestive idea—this extent our labors had, and no more.

W. R.





