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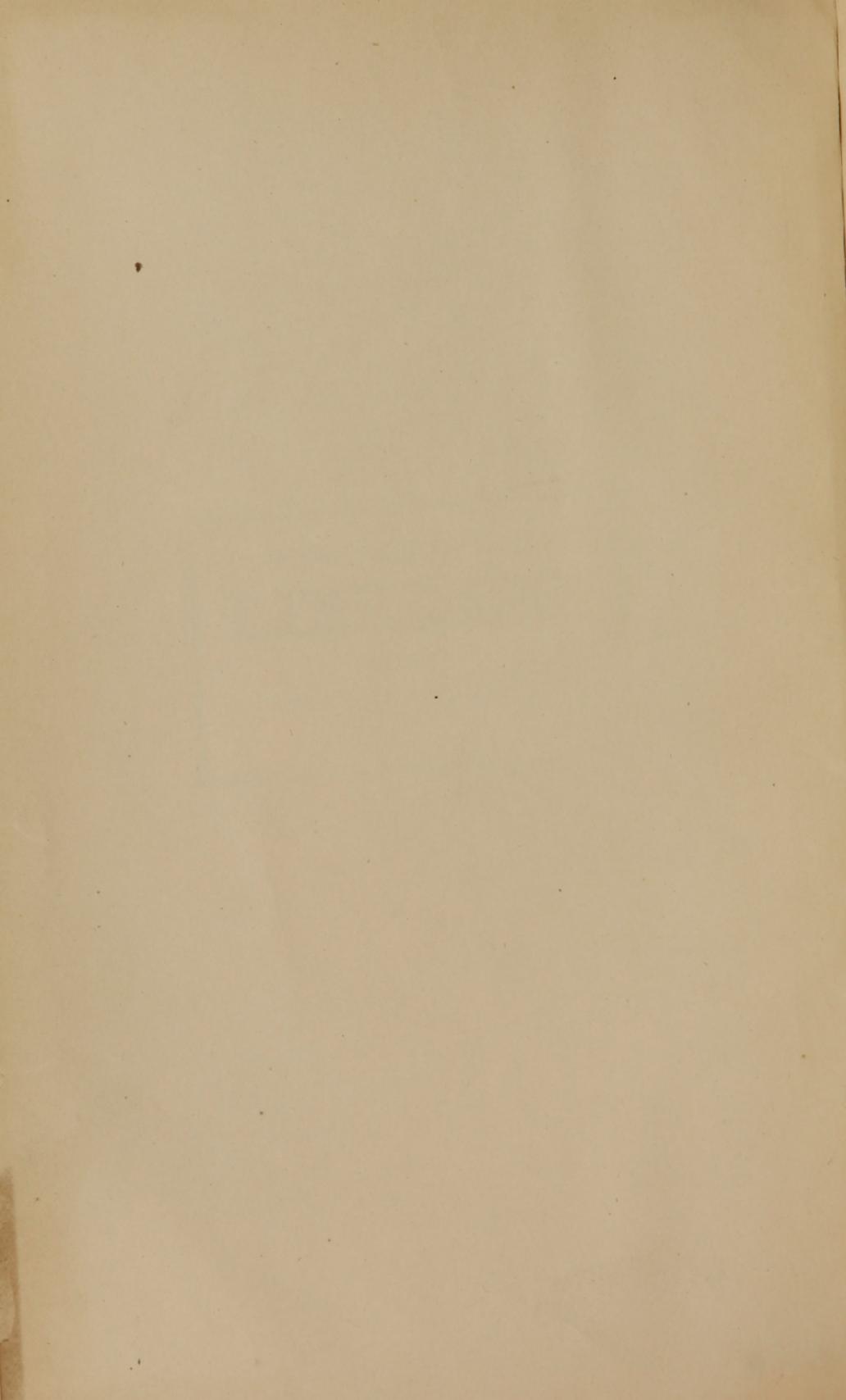
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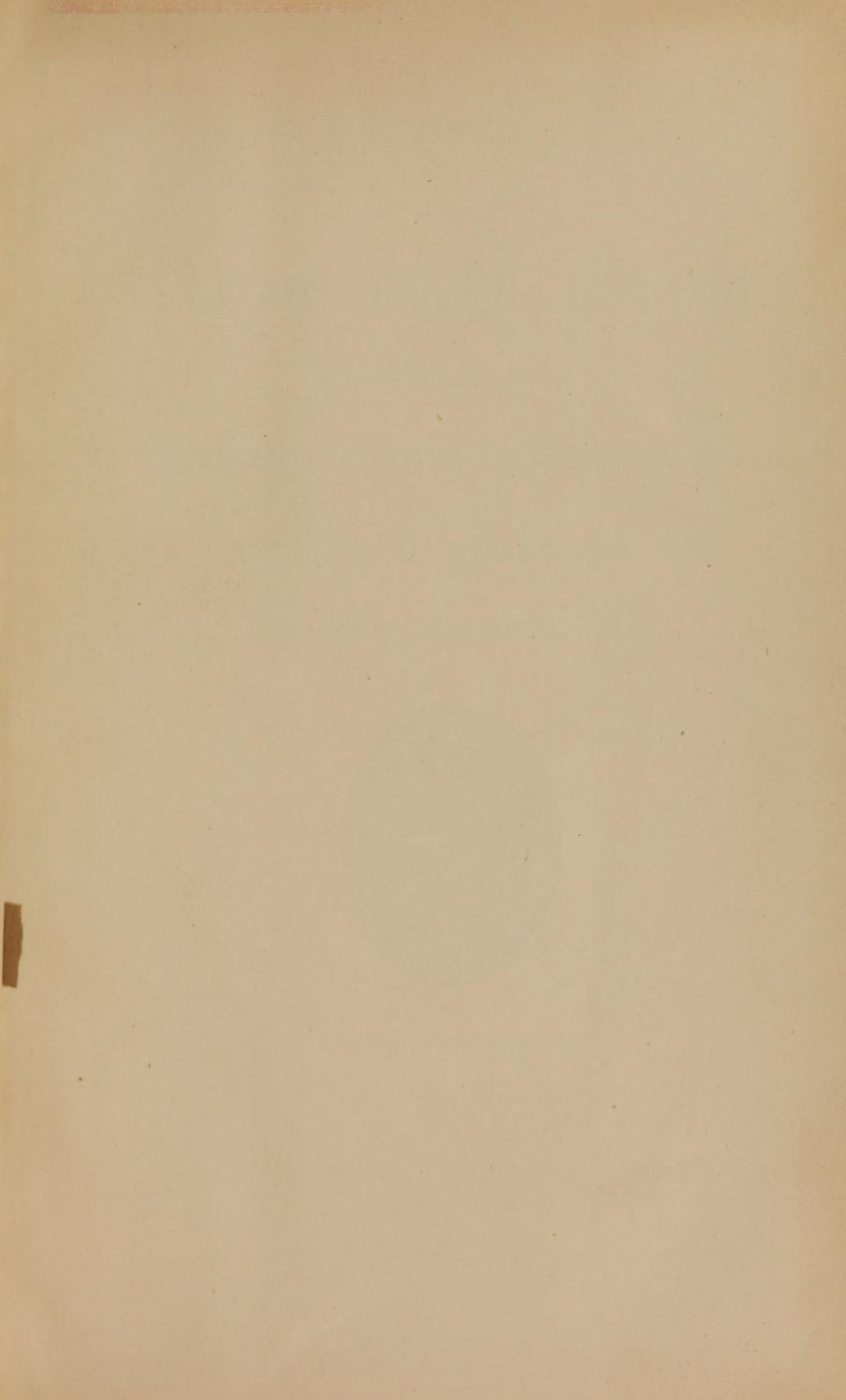
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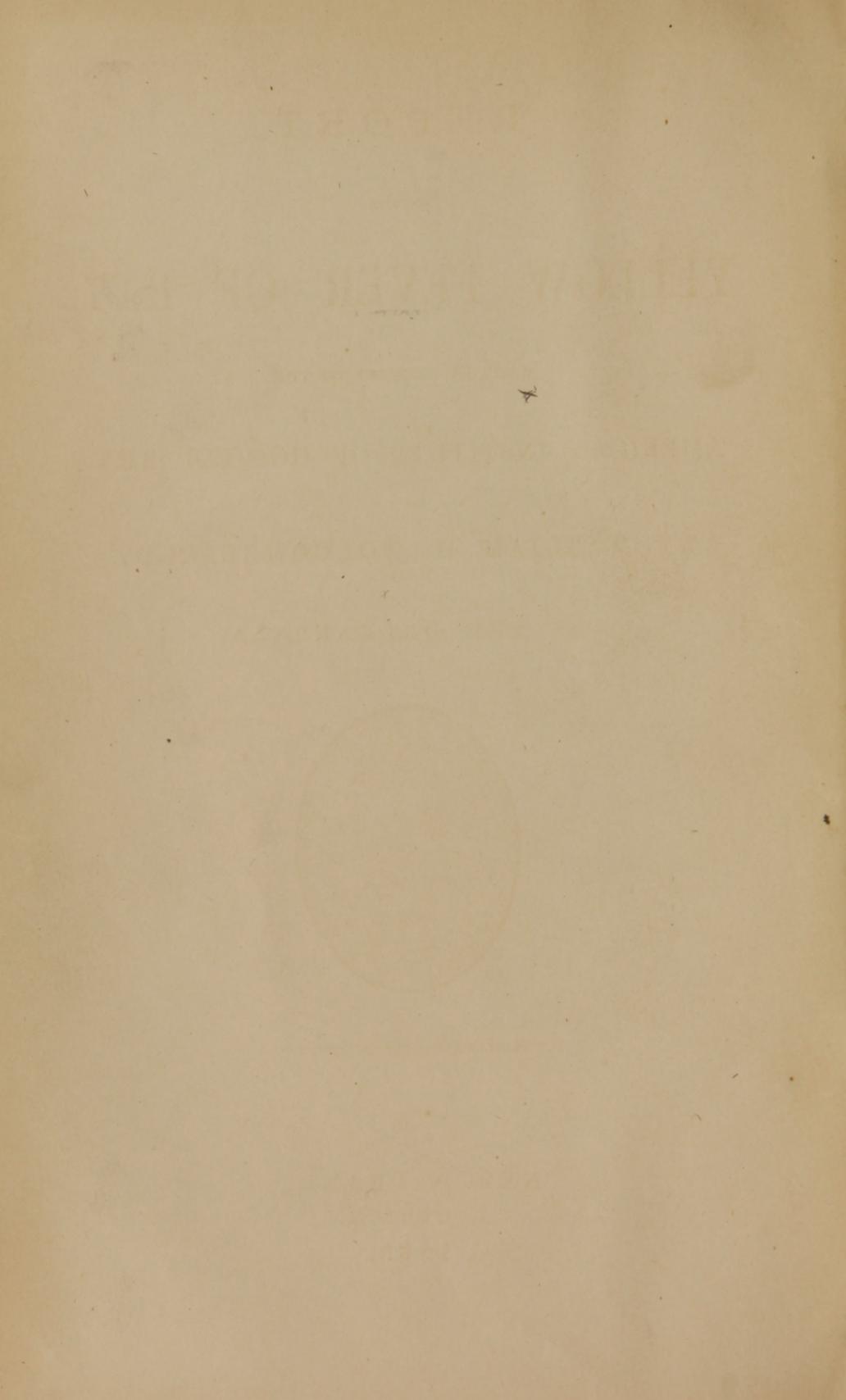
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REPORT

ON THE

YELLOW FEVER OF 1867.

MADE BY REQUEST TO THE

AMERICAN INSTITUTE OF HOMŒOPATHY.

BY WILLIAM H. HOLCOMBE, M.D.,

OF NEW ORLEANS, LA.



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## THE EPIDEMIC OF YELLOW FEVER AT NEW ORLEANS IN 1867.

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It is not probable that many members of the American Institute of Homœopathy will ever have occasion to treat a case of yellow fever; but, no physician who loves his profession, and takes pleasure in the study of natural phenomena, can fail to be interested in the history, symptoms, and character of this extraordinary and formidable disease. In the history of medicine its successful treatment by homœopathy will take rank with the triumphs of the same practice in Asiatic cholera. We have competed with the old school, over and over again, in combating these dreaded scourges of the human race; our laurels are found in the increasing faith, respect, and gratitude of the most enlightened public. Our ignominious failure is always loudly predicted at the beginning of these epidemics; but the voices of derision at infinitesimal doses die gradually away into faint eulogies of the powers of Nature in curing homœopathic patients.

It is not my intention to go over the same descriptive and speculative grounds which I attempted in my extended monograph on the great epidemics of 1853 and 1855. With increasing years, our tendency to philosophize diminishes; and our minds look eagerly around, not so much to adjust our practice scientifically to our theories, as to seize the most available and successful means to our ends. I propose to communicate here

some ideas, almost wholly practical in their nature, which were suggested by my large experience in the epidemic of 1867.

There never yet was an epidemic of yellow fever in which many people, and some physicians, did not say, "This is not yellow fever at all." With forty thousand yellow-fever cases around us last year, many physicians — creoles, particularly — saw no deaths but those from "pernicious fever"; and it became quite common to hear the disease spoken of ambiguously as "the prevailing epidemic." Why this hesitation and uncertainty? Simply because yellow fever has what may be called the widest and most varied phenomena of symptoms of any disease in the world. Moreover, it is continually changing its type, and, in some measure, even its form. Yet, through all its protean shapes, its fundamental character may be detected, like a musical air, keeping its steady way through the most eccentric variations.

Yellow fever formerly ravaged the cities of New York and Philadelphia as severely as it now does New Orleans and Havana. Since 1820, the disease has not appeared in the Northern cities, except to a very limited extent along the wharves to which it had been brought by shipping directly from the tropics. Previous to 1850, the equatorial line was regarded as an impassable barrier to the yellow fever, that disease having never been observed in the southern hemisphere. Now it is common in all the South American ports north of Buenos Ayres.

Within the memory of living physicians, the yellow fever never attacked the native creole population, never extended beyond the suburbs of cities or towns, never attacked the same person a second time, never occurred in the pure negro race, and rarely seized upon children. Now it attacks children, negroes, creoles, and acclimated persons indiscriminately. A first attack is no certain security against another, and the second attack is sometimes the worse of the two. It visits hundreds of places on the lines of public travel where it was

never known before, and penetrates miles away into the quiet and privacy of rural retreats. To compensate for this vast increase in the area of the disease, it has diminished in virulence to an extraordinary degree. It has been estimated that twice as many cases occurred in New Orleans in 1867 as in 1853, and still there were only one-third as many burials. Physicians claim, and the public assent, that this is the result of more rational treatment, and this is no doubt partially correct; but those who have witnessed the epidemics since 1853 will concede the vast increase of mild cases in latter years.

Yellow Fever is a disease of such varied symptoms that a prompt diagnosis is sometimes extremely difficult. It has been remarked that, if a physician unacquainted with its phases were introduced into a yellow-fever hospital, he might very easily conclude that half a dozen different diseases were presented for his inspection. Hence the great uncertainty which prevails at the beginning of an epidemic, as to whether it be yellow fever or not. Even physicians of the greatest experience hesitate to commit themselves in the affirmative, until they can point to death with black vomit, the only unquestionable test of it, in public opinion.

What is the cause, what is the hidden law, which regulates these phenomena? Do not these curious changes of place, type, and general character of this remarkable disease, and especially its greater diffusion and increasing mildness, warrant the hope that it will become gradually merged into the regular endemic diseases of the country, and disappear from the tropics as a terrible epidemic?

The Fever of 1867 began in June, slowly increased in July, became rapidly epidemic about the fourth week in August, and raged with great fury during September and October. It decidedly diminished from the first of November, but still did not totally disappear until about the middle of December. I met with no case in my practice resembling yellow fever until the

middle of August. Early in August the occurrence of profuse hæmorrhage from the kidneys in a case of bilious remittent prepared me to expect the advent of that formidable disease, in which hæmorrhage and jaundice are so frequently concurrent.

The striking peculiarities of the epidemic of 1867 were the following:—

The number of cases was enormous, greater in proportion to population than was ever seen before;

The general virulence and consequent mortality were far less than in any previous epidemic. The cases were variously estimated from 40,000 to 60,000. The burials were about 3,100, exclusive of U. S. troops, among whom the mortality was far higher than among the citizens;

A great many deaths occurred amongst the native creole population of French descent,—a most unusual thing, but now firmly established by the statistics of Dr. Delery, himself a creole;

The disease was extraordinarily severe among children, many of them dying with black vomit. This distressing peculiarity was universally remarked;

It was milder with negroes than in 1853 and 1855;

The type of the disease was rather nervous, rheumatic, or neuralgic, than bilious. I mean that it leaned to the form of the break-bone fever, or dengue, rather than to that of the bilious fevers of malignant character, which the yellow fevers of 1853, '55 and '58 more closely resembled. This was no doubt the reason why the fever was so very widely diffused, and so much more manageable than in the epidemics above mentioned;

It was both preceded and followed by many cases of cholera and dysentery;

The proofs of its direct importation and contagiousness were less striking and satisfactory than they had been in some previous epidemics;

The number of second attacks was unusually great. The re-

coveries after black vomit were more frequent than ever before; the cerebral, and not the abdominal, congestions proving the most fatal;

Lastly, the disease lingered longer and later than usual. Even in December, and after quite cold weather, fatal cases occurred. The doctors and the papers were too hasty in announcing that it was safe to return to the city, and more than a hundred burials were the consequence.

I treated about three hundred and fifty cases which might be claimed as yellow fever cases. Deducting fifty cases for errors of diagnosis, for those who changed practice, and for very trifling attacks, will leave three hundred cases of unquestionable yellow fever which were under my treatment. The mortality was only seven, and it included no child under fourteen years of age. Ten or twelve of these cases recovered after black vomit, and many more after brown vomit. Many of these cases presented the most formidable symptoms of yellow fever: hæmorrhages from the nose, gums, bowels, or uterus; jaundice, scanty urine, cerebral congestions, raving delirium, or that most annoying and dangerous symptom, an unconquerable pervigilium.

One of these fatal cases was that of an United States officer of good habits and splendid physique. It was one of those rare cases of frightful blood-poisoning, proceeding, unchecked by art and almost unresisted by nature, to a fatal issue on the fourth day. It was a characteristic specimen of the insidious and destructive form of the fever so well described by the old West-Indian writers, especially Dr. Robert Jackson. One case was that of an Irish servant girl, several years in the country, — a case apparently progressing finely to the fifth day, and then suddenly and unaccountably fatal from fright and nervous exhaustion. A third was a merchant recently from the Northwest, treated, by request and under great disadvantages, in an allopathic hospital (Hotel Dieu). He had no black vomit, and made a long but vain struggle against cerebral and typhoid

symptoms. The remaining four deaths were of persons of Southern birth, and who had very recently come from the country. Indeed, the last fatal case, and the severest I had witnessed during the whole epidemic, occurred near its close. It was that of a young gentleman who had spent the season over the Lake in perfect health, and was attacked on the very day of his return. The most hideous features of the disease developed themselves with awful intensity.

So little does residence in malarial regions subject to bilious fever acclimate one against yellow fever, that persons coming recently from the small towns and rural districts of the South into cities where yellow fever prevails, are apt to contract the disease in its most dangerous form. It is equally true that when yellow fever is taken from New Orleans into the small towns and villages, it presents a malignity and fatality rarely seen in the city. This is a singular point, and all the explanations hitherto offered, including inefficient nursing and improper treatment, cannot entirely account for it.

Nothing new or important has been added to the pathological anatomy or the theoretic pathology of yellow fever in the last decade. La Roche's immense volumes, issued thirteen years ago, monuments of industry and learning, have not been superseded by any allopathic writer suggesting better theories or sounder practice. Have our allopathic friends made here a single positive advance? Have they given us a single new remedy of unquestionable value? Have they modified the course and termination of yellow fever by a single measure of unimpeachable utility? Their intelligent and candid adherents will answer, No.

Their treatment has become far more rational, and their success greater, not by learning, but by unlearning,—not by discovery, but by renunciation. The lancet safely rests in its sheath, to which the anathemas of the more intelligent of its former advocates have consigned it. *Requiescat in pace!*

Calomel, which the Southern physician still ignorantly regards as a specific against bilious fever, has been fairly abandoned. The yellow suffusion in this disease is not necessarily connected with any biliary derangement. It rather resembles the yellowish, greenish coloration of the capillaries from extravasated blood, and is generally due to morbid chemical changes in the hæmato-globuline, or coloring matter of the red globules. The jaundice of bilious fever and the jaundice of yellow fever differ as much in their causes, course, and effects as the two diseases themselves differ. The allopathic scalpel has discovered this and none but the most veritable "old fogies" now think of mercurializing a patient jaundiced with yellow fever.

Under the untenable hypothesis that yellow fever is only a high grade of malignant bilious or of pernicious and congestive fever, a resolute attempt was made many years ago to abort it or modify it by heroic doses of quinine. As much as a hundred grains were given in a single day. The only thing that can be said in favor of this abominable treatment is, that some patients are known to have survived it. This theory raised great expectations on its first announcement, but it has been discarded by the mass of educated physicians. Yellow fever is not an intermittent or remittent disease, nor does it spring from malarial causes. Quinine has a certain decided homœopathic value in this disease, not from its symptom of periodicity, but from its power of producing hæmorrhages and intense nervous wakefulness and excitability.

Deprived of their antiphlogistics, their mercurials, and their antiperiodics by repeated ill-success in their use, our old-school friends, in conformity with their new zymotic and antiseptic theories, drenched some of their patients with sulphite of soda and surrounded them with atmospheres of carbolic acid. The result was — nothing.

Allopathic practice, then, in yellow fever has only improved by the process of exclusion. It has now been reduced to the

treatment long since adopted by the old creole nurses, — a dose of castor-oil and a mustard foot-bath in the beginning, and some hot sudorific tea, and an occasional sedative to procure sleep or relieve pain. We congratulate the friends of humanity on the brilliant achievements of the monopolists of medical science!

What has homœopathy, with its guiding law, "*similia similibus*," its hundreds of new remedies unknown to allopathic literature, its ethereal doses, and its kindly partnership with Mother Nature herself, — what has homœopathy done for the victims of this great tropical fever?

Much, very much. In the great epidemics of 1853, '55, and '58, Dr. Davis, of Natchez, Miss., and myself demonstrated, by a practice including over a thousand cases and a mortality little exceeding *six per cent*, that Aconite, Bryonia, and Belladonna in the first or febrile stage, and Arsenic, Lachesis, and Argentum nitricum in the second or stage of prostration, very greatly mitigated the sufferings and diminished the fatality of yellow fever.

Since that period I have been enabled not only to add other remedies of unquestionable value, but to define more accurately their specific action, increasing thereby the scientific precision with which yellow fever may be treated. Although not exclusively Hahnemannian in my theory and practice, I here acknowledge with deep gratitude the beneficial influence which the doctrines taught by Hering, Dunham, Guernsey, and others of the pure Hahnemannian school (so called), had upon my mind as to the study of drugs and their applications in disease. Truth may lie in the middle, but it touches always on both extremes.

There is of course, for yellow fever, no specific, in the sense of an infallible cure for this disease. It is the tendency of true science to individualize the cases of disease more and more, and to treat each case upon special and not general principles; and still there are certain medicines which correspond so very extensively to the symptoms of certain diseases that they bear

a large part in their cure, and may be sooner or later called for in almost every case. We have discovered a remedy which promises to bear the same curative relation to yellow fever which Belladonna bears to scarlet fever, Mercurius corrosivus to dysentery, Phosphorus to pneumonia, and Sulphur to skin disease.

This remedy is the virus of serpents, with two forms of which, Lachesis and Crotalus, we have become familiarly acquainted. In studying our materia medica for the great epidemic of yellow fever in 1853, neither of us having ever treated the disease homœopathically, Dr. Davis and myself concluded that the snake-poisons, if the homœopathic law was true, ought to play an important, perhaps the chief, part in the treatment. And, in my first essay on this disease, I claimed for Lachesis a very great curative value in the worst forms. Previous to that time, homœopathic physicians seem to have prescribed, as many still do, on the hypothesis that yellow fever was only a more malignant form of the common bilious and malarial fevers of the climate.

In 1854, Dr. Humboldt announced to the Cuban authorities that, by a series of experiments conducted for nine years, he had discovered that inoculation with the poison of a serpent would prevent an attack of yellow fever. He was led to the discovery by observing that galley-slaves brought from Mexico to Vera Cruz, who had been bitten by some viper on the way, always had decided symptoms of yellow fever. Reasoning analogically from the facts of vaccination, he inferred that the serpent virus would prevent yellow fever. A committee of medical men (allopathic) was appointed to examine the claim, and a great number of persons, chiefly soldiers and sailors fresh from Spain, were inoculated with serpent-poison. Two conflicting reports were made on the subject. The effects produced by the inoculation were so severe, and the preventive influence so imperfectly established, that the measure was abandoned, and

has been almost forgotten. The inoculation seemed to be about as valuable in preventing yellow fever as the administration of Belladonna has been found in warding off the scarlet fever.

The inoculation, however, gave a splendid lesson in toxicology, which the homœopaths have not improved as they should, and which is valueless to those whose minds are closed by allopathic doctrines to therapeutic truth. The poison of serpents produces on the human system a pretty fair picture of genuine yellow fever in its most common forms; even including hæmorrhage from the gums, jaundice, and suppression of urine.

Dr. S. Weir Mitchell, in the *Smithsonian Contributions to Knowledge*, has made some admirable researches upon the venom of the rattlesnake, *Crotalus horridus*. He calls particular attention to the extraordinary resemblance between the artificial disease produced by the *Crotalus* and the yellow fever. Dr. Neidhard, of Philadelphia, has written a little volume on the efficacy of *Crotalus* in yellow and malignant bilious and remittent fevers. Although the cases he reports as yellow fever may be fairly criticised, and a verdict be rendered against him, yet his volume is instructive and suggestive; and he deserves great credit for having grasped with a truly philosophical spirit an idea of the vast service yet to be rendered to humanity by impressing the poison of the serpent into the service of man.

I made two great improvements in the use of *Lachesis* and *Crotalus* in the epidemic of 1867: using the remedy promptly, and at a high attenuation. I had formerly waited for the symptoms of blood-poisoning, more especially, to declare themselves, before resorting to the serpent virus. I conducted many cases last year to a successful issue by giving these medicines from the beginning. I think I also discovered that *Lachesis* is especially adapted to the nervous elements, and *Crotalus* to the vascular elements, of the disease; *Lachesis* to the nerve-poisoning, *Crotalus* to the blood-poisoning, — *Lachesis*, therefore,

more prominently to the first stage, *Crotalus* to the second stage, or that of exhaustion, hæmorrhage, and jaundice.

Secondly, I made use of these remedies at the 30th 'attenuation, in which, in my opinion, they are far more efficacious than in the lower or grosser preparations. The poison of serpents may be swallowed with impunity, may be eaten like bread, or like the white of an egg, from which it is almost indistinguishable in chemical composition. In this it resembles quicksilver, silica, platina, charcoal, and other substances, which in the crude form are quite inert, but which, when triturated, succussed, and carried up to infinitesimal forms, become vivified, as it were, with a new power, drop their disease-producing qualities, and are potentized only in the direction of cure.

I dissent also from the common idea — sanctioned by Dr. Neidhard — that the triturations with sugar are preferable to the alcoholic tinctures. Dr. Mitchell proves that the virus of serpents is not neutralized by alcohol. Whiskey does not cure snake-bites by antidoting the poison, but by stimulating the heart to resist its terrible, paralyzing action, until the emunctories can eliminate it from the system.

It may be asked, How do we know that these infinitesimal doses of *Lachesis* and *Crotalus* exert any curative influence in yellow fever? We can only say that we believe that medicines, given in accordance with the homœopathic law, act in the line of the disease itself, insensibly modify the operations of the morbid cause, and finally neutralize its power. We can only prove the effect of these medicines by seeing hundreds and thousands of cases recover under their use, without the nervous prostration, the precordial anguish, the hæmorrhagic tendency, the jaundice, &c., which characterize the full action of both the remedy and the disease. We are thus charged by our opponents with having very many mild cases. They are mistaken. We are no especial favorites of Fate or Fortune or Nature. We have simply *made them mild*.

Another test of their efficacy will be found in the comparative success of homœopathic physicians who take the more correct theory of the jaundice of yellow fever; viz., that it is due to chemical changes in the coloring matter of the blood, resembling those produced by serpent virus, and not necessarily or even frequently caused by functional or organic disturbances of the stomach and liver. Those who take the latter view, and prescribe Bryonia, Nux vomica, China, Mercurius, &c., in the second stage, ignoring Lachesis and Crotalus. will have a longer list of deaths to show; for, in homœopathy as in allopathy, a sound pathology is the surest basis for a successful practice.

When the virus of serpents is introduced into the circulation of pigeons or of other small animals, it sometimes destroys life in a few moments. They merely stagger and die; and the physician, armed with scalpel and microscope, cannot discover the least organic lesion. Some terrible cases of yellow fever, known as "walking cases," have ended — or rather begun — with this sudden death. In all cases the poison seems first to strike the nervous system with its paralyzing or stunning influence.

Now the fever, and all the phenomena of the first stage, are simply the reactionary efforts of nature to throw off the morbid poison. The heart would be paralyzed at once, but the fever stimulates it to overcome the tendency to death. The fever keeps the man alive, as the whiskey keeps the snake-bitten victim alive. In mild cases it succeeds, and health is restored. In bad cases the fever subsides in two or three days, not because the disease is cured, but because nature is exhausted, and the patient sinks into a fearfully adynamic condition. The blood is disintegrated: then come hæmorrhages, jaundice, delirium, and black vomit.

This reactionary fever is severe. It is attended with frightful pains, and threatens congestion to almost all the viscera; sometimes to one, sometimes to another. It is dangerous, but it must

not be thwarted. It must be held in check, not suppressed. Bleed your patient profusely, purge him freely, sweat him copiously, sicken him with Tartar emetic, or bring down his pulse boldly with *Digitalis* or *Veratrum viride*,—and what is the consequence? You have killed him.

You must moderate the fever with caution, watch it, anticipate localizations of the morbid process, and in the severer forms, when the fever subsides, supply its place promptly but cautiously with food and stimulus. When the failure of animal heat begins to warn you that nature is flagging in her grand effort, reinforce her with food, stimulus, and new and more powerful homœopathic specifics.

This view explains why yellow fever cannot be treated like other fevers,—a fact very puzzling to the inexperienced. If you sponge your patient freely with cold water, let him lie uncovered, drench him with cold acidulated drinks, change his linen every day, and treat him as you would a case of typhus or bilious fever, he will assuredly die. Either his case was a very mild one, or he had a Samsonian constitution if he survives. Many a yellow-fever patient has lost his life by a current of cold air, by sleeping uncovered, by getting up to stool, by changing his shirt at an improper time, by moving from one bed to another, by eating the least portion of indigestible food. The thread of life, already attenuated, has been sometimes suddenly snapped, even when the patient seemed to be doing well, by the communication of unpleasant news, by the discharge of an evening gun, or by a passing wail of funeral music. This is the distinctive feature of yellow fever which makes the nursing of it as important as the medication. The patient has a subtle poison coursing through his veins, disintegrating and defibrinizing his blood, and threatening every hour to exhaust and paralyze the nerve-centres of both animal and organic life. You will moderate the fever very considerably, alleviate the pains, and thereby raise the spirits of your patient by giving him a hot mustard foot-bath, to

be repeated if necessary, and allowing an occasional saucer of hot sage, orange-leaf, or black tea. I do not believe either of these articles antidotes, in the least, the homœopathic remedies which you will be called upon to prescribe. If the patient dislikes hot drinks, give him half a glass of ice-water every half hour. If he is already constipated, or has just eaten a hearty meal, a mild purgative will do him no harm; and, in any case, a copious warm enema is a very valuable palliative.

Aconite, Belladonna, Bryonia, and Gelseminum are febrifuges of great power. They all produce the burning fever, violent pains, and the usual symptoms of the first stage of severe febrile and inflammatory diseases. Aconite and Gelseminum produce the chilly stage, or that of nervous depression, and therefore are better adapted to pure fever than Belladonna and Bryonia, which belong more to the inflammatory type. The comparative study of these important drugs could occupy many pages. I shall here give only the characteristic symptom or key-note to each remedy, which will lead you, nine times out of ten, to its proper selection.

Aconite is indicated by high fever, with constant restlessness and tossing about, with extreme anxiety about his sickness, and with fear of death. These symptoms so frequently characterize yellow fever, that Aconite is prominently the remedy for its febrile stage.

Belladonna is indicated by the same high fever, with restlessness, not from fear or pain, but from sensorial excitement or delirium, with very red face and dislike of light.

Bryonia, when the headache and other pains are of such a character that the patient lies as still as possible, drowsy, peevish, and thirsty.

Gelseminum, when there is considerable stupor, with heavy, drooping eyelids, with indifference, prostration, and dislike of being spoken to.

There are, no doubt, more delicate shades of discrimination

between these remedies, which future observation will enable us to verify and utilize. I employed them from the first to the sixth attenuations,—alternating sometimes one with another, sometimes one of them with *Lachesis*.<sup>30</sup>

The violent pains, especially of the head and back, are sometimes not relieved by any of these remedies. If the hot foot-bath and hot cup of tea bring on perspiration, the patient will generally experience partial relief. Mustard plasters sometimes are of temporary service. I discovered one remedy which, in many cases last year, had a prompt and delightful effect in alleviating these atrocious pains. It was *Colchicum* of the first attenuation. I was led to try it from its known efficacy in the terrible sufferings of gout, and from the fact that the constitutional type of the epidemic was eminently rheumatic or neuralgic. *Iris versicolor* gave similar good results in a few cases.

The vomiting of this stage, when excessive, is quieted by *Ipecac*<sup>6</sup> or <sup>30</sup>, or by *Tartar. emet.* 2nd centes. trituration. There are many other remedies and measures useful for this symptom, not now necessary to enumerate.

With — or, in mild cases, without — this course of treatment, the fever will subside in two or three days; and then comes the real danger of yellow fever (in one form), from the occurrence of exhaustion, hæmorrhage, jaundice, suppression of urine, and black vomit. Unless the cerebral congestions, which occasionally occur in the first stage of the bad and so frequently fatal cases, still continue, one would hardly think the patient in the least danger. His skin is moist, tongue clean, pulse soft and quick. He has little or no pain, and professes himself perfectly easy and satisfied. There must be no relaxing of care in the nursing, the diet, or the medical attention. The whole scene may be sadly changed in a few hours. The approaching storm will be heralded by the appearance of nervous restless-

ness, slight discoloration of the eyes or skin, and acid eructations or vomiting.

This patient must be fed with milk-punch, — a tablespoonful of best brandy to half a glass of fresh milk, — and nourished every three or four hours with enemata of one ounce of strong beef-tea. Give a tablespoonful of the punch every two or three hours. Every time he vomits, give him a teaspoonful of officinal lime-water. Put a cold compress over his abdomen, and a small one across the lower part of the neck in front. If not relieved, give one grain of *Argentum nitricum*, 1st centesimal trituration, after every act of vomiting. The effect of this remedy is sometimes truly wonderful. To an obstinate case, attended with increasing prostration, give a teaspoonful or tablespoonful of best iced champagne every two or three hours, or even oftener.

*Crotalus* must be steadily persisted in about every two hours in all malignant or severe cases of yellow fever in the second stage.

You will see other cases — cerebral cases — in which the fever, stupor, etc., of the first stage do not appear to subside, but deepen rather into a kind of typhus, with strong symptoms of meningeal inflammation. These are very frequently fatal cases, and always hard to manage. Besides the remedies above indicated for the febrile stage, great benefit may be expected from *Glonoine*<sup>3</sup> and *Corallia*<sup>6</sup>. Dr. Bailey, of New Orleans, one of our most intelligent and successful practitioners, was, I believe, the first to recommend *Corallia* in this congestive cerebral form of yellow fever. I can testify to its value, especially in the cases of children.

There is still another form of the second stage of yellow fever, almost as dangerous and fatal; when the remission of the febrile symptoms is imperfect, and the disease assumes a kind of gastro-hepatic, inflammatory type. It is characterized by burning pains in the stomach and bowels, vomiting, passing from

brownish and claret-colored into the genuine black vomit, increasing jaundice, delirium, and collapse. Here Arsenic<sup>6</sup> appears to be the main remedy; alternated with Crotalus or Lachesis, its effects are soon discovered. If it fails, Phosphorus and Veratrum may be studied as substitutes.

There are sometimes anomalous forms of this second stage, which we cannot better describe than by saying that the disease is running into a typhoid condition. These cases are unquestionably benefited by Baptisia and Rhus, which are in this disease the Aconite and Belladonna of typhoid fever.

Cases apparently hopeless have been saved by frictions with heated oil and steady stimulation with champagne. Some physicians, singularly enough, prefer ale and porter, under the idea that food is thus conveyed, as well as stimulus. The nourishment contained in a whole bottle of one of the malt liquors is not equal to that in a tablespoonful of pure cream, or na ounce of beef-tea. I prefer simple, concentrated food, and strong, rapidly-acting liquors, such as brandy, whiskey, or champagne.

Dr. Hering has stated, and different authors have echoed the statement, that Carbo vegetabilis corresponds more perfectly than any other remedy to the totality of yellow-fever symptoms, and is capable of arresting the disease in its most malignant form, and sometimes *in extremis*. The pathogenesis of Carbo veg. certainly presents many striking points of similarity to that of yellow fever; and to Crotalus and Arsenic it is probably an analogue which may yet prove serviceable. It seems, however, to me, to correspond to the collapse of cholera, rather than to that of yellow fever; and it has proved useless in the few cases in which I have tested its virtues.

You may give all these remedies at the right time and in the right doses; you may stimulate your patient, nourish him, and nurse him properly; but you cannot do your whole duty to him, and give him the best chance for his life, unless you keep a

vigilant eye on the state of his nervous system, — unless you soothe him, and quiet him, and encourage him, and give him sleep. This is true of all the stages, but especially at that point when the patient fluctuates between febrile excitement and impending exhaustion.

The yellow fever exceeds all other fevers in the anxiety, mental depression, wakefulness, and intense nervous restlessness which attend it. The sleep of the patient is too frequently the stupor of fever in the first stage, and the stupor of exhaustion in the second. The occurrence of several hours of sweet, natural sleep is of the best omen. Obstinate pervigilium, on the other hand, is a dangerous symptom, and especially if attended with constant jactitation. To your yellow-fever patient the night is more important than the day. The prescription you make at your evening visit may determine his fate.

Our practice is rich in resources for obtaining that desirable end,—a quiet state of the nervous system, so that natural sleep follows. *Ignatia*<sup>6</sup>, *Coffea*<sup>200</sup>, *Belladonna*<sup>200</sup>, *Hyosciamus*<sup>6</sup>, were favorite and powerful remedies. It is needless here to draw the nice shades by which they differ, as even homœopathic laymen are acquainted with their incomparable virtues, before which Baltley's Sedative and Bromide of Potassium "pale their ineffectual fires." It will be necessary sometimes to drop all other medication, and give a dose of one of these remedies every fifteen minutes until the patient goes to sleep. Never wake him to give medicine. Always leave a second medicine to be given, if the first fails, but do not give that direction in your patient's hearing. *Agaricus*<sup>3 or 6</sup> will be found a very useful night-remedy when, in addition to a loquacious delirium, there is an exhibition of blind rage against the bystanders, especially after *Belladonna*, high and low, have failed.

I discovered in *Platina*<sup>30</sup> one of the most reliable adjuvants in controlling the state of intense nervous wakefulness, so distressing to both patient and nurses. I was led to it by the similar

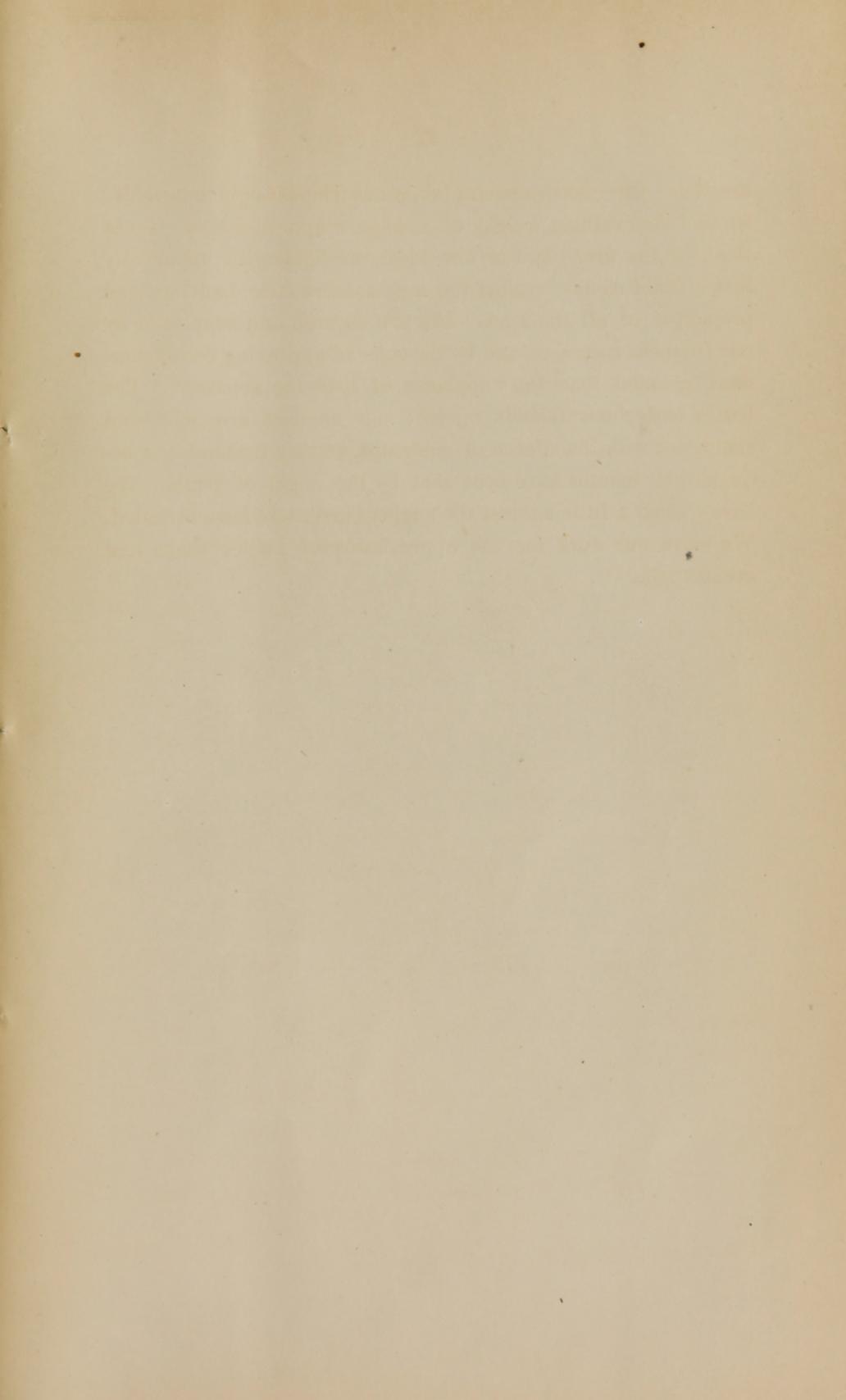
state of the mental and nervous system it induces, and by its specific action on the sexual and uterine apparatus. The menses always come on in yellow fever, with black blood, almost a hæmorrhage. If the woman is pregnant, she tends to abort. Trying Platina<sup>30</sup> first in women under such circumstances, I extended the use to children, and even to men, with a gratifying success. Quinine produces the same pervigilium and tendency to flooding, and ought to be sometimes homœopathically indicated in yellow fever. Small doses of it are valuable in a tardy, nervous, sleepless convalescence.

But medicine alone will not always be sufficient to allay nervousness and procure sleep. One of the very best adjuvants in these cases is to bathe the feet and legs in tepid water. Repeat this foot-bath every hour until he sleeps. Sponge his face and hands and neck with warm brandy and water or bay-rum or cologne. Adjust his cover comfortably with every change of position, beat up his pillows often; give him a tablespoonful of milk-punch after midnight, of gin-punch if his kidneys are inactive; keep the light out of his eyes; let there be no talking in his room, or in the next one; and let there be cheerful voices and calm faces and tender hands about him night after night, to assist him with gentle sympathy through the great struggle.

This is a bird's-eye view of our treatment of yellow fever in 1867. It is nothing more; for yellow fever presents such innumerable variations, that, in specializing a good number of cases, a physician might find use for half the articles in our extensive materia medica. This treatment, because homœopathic, is founded on a truly scientific basis, and it will be improved, not so much by addition as by more delicate discriminations between the various remedies.

A terrible epidemic is a severe test of the strength and truth of our system. All that incredulity, ignorance, bigotry, jealousy, and self-interest can do against us will be done. Vigilant and suspicious eyes are on us. Busy, and too frequently false, tongues

assail us. Our enemies sneer; lukewarm friends begin to tremble; we feel the crushing weight of strange responsibilities. Apostles of a new creed and of new ideas, we fight, with apparently insignificant means, against the accumulated false doctrines and prejudices of all the ages. We are cheered and supported by our frequent successes, and by the voice of approving conscience, more grateful than the "applause of listening senates." The battle ends; our friends rejoice; our enemies are quiet and silent, not with the silence of contempt, as they pretend, but because their mouths have been shut by the angel of truth. We have gained a little against the mighty current we have breasted. We leave our work for the appreciation of nobler times and greater men.





REPORT  
ON THE  
YELLOW FEVER OF 1867.

MADE BY REQUEST TO THE  
AMERICAN INSTITUTE OF HOMŒOPATHY.

BY WILLIAM H. HOLCOMBE, M.D.,

OF NEW ORLEANS, LA.



"SIMILIA SIMILIBUS CURANTUR."

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NEW ORLEANS :  
A. EYRICH.  
1869.









