

degree—the homœopathic similimum drug must cover those symptoms. And it must also be noted here that the general principle is that the general symptoms will always rule out the non-agreeing particulars in the task of ascertaining the totality of symptoms which is not merely a numerical aggregate of symptoms but relates to the synthetic comprehension of a concrete individual whole picture of disease through the logical or rather a-logical combination of peculiar, individualising symptoms and the particular symptoms in the setting of the general symptoms, both mental and physical *i.e.*, those symptoms which are predicated by 'I and My and Me', *i.e.*, referring to the organism as a whole.

B. K. S.

VIRUS INFECTIONS

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Although viruses are the smallest of our infectious agents, even these may be of varying shape and size. From the largest, as exemplified by a type like vaccina, to the smallest, such as foot and mouth disease. They are always parasitic in the living cells, be they animal or bacterial. In the latter case they are known as bacteriophages. Viruses are responsible for many tropical fevers and diseases of plants and animals, as well as common clinical conditions seen in every day practice in the temperate zone such as the common cold, influenza, poliomyelitis, infectious hepatitis, infectious mononucleosis, atypical pneumonias and numerous other obscure fevers of limited territorial distribution.

It is known that good health is no protection against such viruses as measles, chicken-pox, small-pox and influenza. Indeed, it has been observed that those in poor health are more resistant to certain virus infections. Most of the virus diseases confer an enduring immunity, with the exception of influenza, the common cold and herpes. The mechanism of this lasting immunity is not known and exists whether or not the person is in contact with the disease. So it cannot be a "reinforcement" phenomenon.

Very few virus diseases are water-born. Infectious hepatitis is the exception. Only a few are propagated by food and most are contracted by droplets floating in the air or from insects.

In these introductory remarks it might not be amiss to generalize on some aspects of treatment. Thus, when the signs and symptoms of viral and rickettsial infections have appeared, the administration of large amounts of convalescent sera is not very effective.

With a few exceptions, (lymphogranuloma, rocky mountain spotted fever), chemotherapeutic methods are not successful or justified. The only basis on which sulpha or penicillin could be of value is in the control of secondary invaders of bacterial origin which may have obtained a start from the lowered resistance of the host due to a virus infection. This failure of chemotherapy is due to the fact that viruses are intracellular parasites. They do not possess complete enzyme systems necessary for their multiplication, but must depend on those of the host. Hence, they cannot be directly attacked as in the case of bacterial infections where adequate concentration of the antibiotic causes destruction of the bacteria.

In the study of virus the electromicroscope has been very valuable in elucidating the morphology. However, such investigation is naturally limited to the greater medical centres. Chemical studies and analysis of many viruses require detailed technique and has not been particularly

valuable as most are nuclear protein combinations. Thus influenza virus is composed of nuclear proteins, polysaccharides and lipid. The plant viruses are the simplest.

Comments on the Various Specific Viruses Disease:

The great number of virus diseases affecting animals and man have no practical importance to us in general practice. Hence, only a discussion of those of possible interest will be attempted.

Infectious Mononucleosis:

We have had considerable experience in our Student Health work with this. It comes on like grippe, with a chief complaint of headache, chills, sore throat and malaise. Any of these four symptoms may be the chief one, depending on the individual. The important physical findings are enlarged anterior and especially posterior cervical nodes. The spleen may be enlarged also.

Involvement of the nervous system may cause concern and suggest more serious illness. This involvement occurs in the second week of the illness, if at all. Beside the headache, nuchal rigidity, positive Koernig and Babinsky, there is photophobia and nausea.

Spinal tap shows lympho-pleocytosis and blood smear shows a lymphocytosis with marked reduction of the polymorphonuclear cells. In my experience, a heterophile antibody test is positive in about half of the cases and a negative test does not rule out the disease. From a technique standpoint, it is well to use absorption methods with guinea pig kidney to avoid a false positive. Although this is a benign disease and clears up completely—they are subject to relapse and for many weeks the patient may not be able to work properly. The afternoon temperature is especially annoying. There is no specific treatment.

Sulphanilimide and penicillin are ineffective. Most of my cases cleared up in 10 days. I feel definitely that lycopodium is particularly indicated and has aided recovery.

The afternoon temperature, debility and glandular involvement are suggestive. I have also used merc. viv. if much sweating is present. The logic of using homœopathic drugs is obvious in virus disease, where we have to affect body cells and indirectly overcome the infection.

Infectious and Serum Hepatitis:

These have been spotlighted by numerous epidemics during the war due to crowded conditions in the first case and wholesale transfusions and inoculations in the second place. These are both due to virus infections though differing in character and clinical course. The first, Infectious Hepatitis, is historically an old disease, having occurred in Napoleon's Army and during the Civil War. Incubation period varies from 10 to 40 days. About one half of the cases do not have jaundice, which symptom is variable in intensity. Anorexia is always present Malaise, posterior cervical adenopathy and at times, splenomegaly. When jaundice occurs, this aggravates the symptoms, especially the fever and there may be nausea and vomiting. At this time also the liver becomes enlarged and rather tender. Recovery is always the rule, though it may be long delayed, the patient suffering from lassitude, weakness and mental depression. From a laboratory standpoint, retention of bromsulfalein is the first test to become abnormal. This is positive as early as the second day of fever. Cephalin-cholesterol, thymol turbidity tests are positive later. Bilirubin appears in the urine at the end of the preicteric stage.

Differential diagnosis during the preicteric stage includes biliary dysentery, typhoid group, malaria, infectious mononucleosis and acute appendicitis. With jaundice, it is more difficult. Cholangitis and jaundice due to infections, hepatocellular from chemicals, cirrhosis, obstructions and neoplasma. Treatment is again symptomatic, as none of the antibiotic or chemotherapeutic drugs are effective. Prolonged bed rest and proper diet—the latter to consist of

mostly natural fats like cream, milk, butter and eggs. Such substances have a protective action on the liver.

Homœopathically, we would consider *myrica* where jaundice was intense. Marked anorexia, but with a desire for acids and fruits. Others of our drugs which act on the liver cells might be indicated such as *mercury*, *phosphorus* and *kali bich.*

Serum Hepatitis:

This is caused by contamination from a needle puncture using serum or blood from a donor who was a latent carrier.

It differs from the infectious variety by being much slower in onset and fever is uncommon in the preicteric stage. It is not so contagious. Virus are not found in the feces as they are in the acute stage of infectious hepatitis.

As the treatment is the same type mentioned in infectious hepatitis, we have only to mention certain precautions to avoid in this disease. Patients with a history of jaundice should not act as blood donors. Pools of plasma should not be furnished by more than two donors. The use of plasma or convalescent serum should be carefully considered and only used in emergency in civilian practice.

Primary Atypical Pneumonia and Virus Pneumonia:

This is quite a frequent and stubborn infection. It begins with vague symptoms of lassitude and fatigue and the lung factor is often overlooked until an x-ray is taken. Although not an absolute characteristic, the x-ray may show hilum consolidation with irregular edges, mottled or feathery. The cough may be the chief symptom and is persistent and severe. Fever is not high and there is a slow pulse—this bradycardia is rather diagnostic, in conjunction with the other symptoms. There are few physical signs in the chest and the respiration is normal. Laboratory tests are negative as is the blood culture. The cold agglutination test and strep m.g. test may be confirmatory and these should be obtained in weekly intervals and the increase of agglutination titer watched for.

The treatment is again symptomatic as there are no results from so-called specific therapy. The severe cough has been controlled best in my experience with 5 mg. doses of hycodan bitartrate. I always prescribe homœopathically for my cases and find that the *iodide of arsenic*, *antimonium arsenicosum* and quite often *hepar sulph* aid recovery. •

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PRESIDENTIAL ADDRESS

"HOMŒOPATHS, PAST, PRESENT AND FUTURE"

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He also noticed that the number of educated medical practitioners practising upon the homœopathic principle was yearly on the increase. He remembered that in 1831 there was only one homœopathic practitioner in Paris, Dr. Quin, and that he removed to London. Now, in 1849, he noticed that there were upward of 30 homœopathic practitioners in London, in Paris a considerable number, and that in America there were hundreds. An increasing want of confidence in ordinary practice led him to the determination of *secretly* testing this monster and of publishing the results of his trials. He believed that he would be convinced of the fallacies of homœopathy and that any doubts of their existence would be speedily dispelled and his mind set at rest. He got in touch with Dr. Hayle who advised him, if he wished to be speedily convinced of the *power* and efficacy of homœopathic preparations, to select for trial, *acute* cases of disease. The results of his first trials utterly confounded him—acute inflammations yielded much sooner than he had previously tried. After 18 months he was convinced that the homœopathic principle was the correct one and that the only honest course was the avowal of his belief, knowing