Lippe (Ad.)

CHOLERA.

LECTURE

DELIVERED AT THE

HOMŒOPATHIC MEDICAL COLLEGE

OF

PENNSYLVANIA.

BY

DR. AD. LIPPE.

December 8th, 1865.

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HOMŒOPATHIC MEDICAL COLLEGE,
Pennsylvania, Dec. 13, 1865.

AD. LIPPE, M. D.

SIR: The undersigned, a committee, appointed by Students of the Homœopathic Medical College of Pennsylvania, for the purpose of procuring your lecture on "Asiatic Cholera," delivered on Friday Evening, December 8th inst., respectfully solicit a copy of the same for publication.

J. B. OWENS, M. D., Ohio.
J. HEBER SMITH, Massachusetts.
CHAS. ARTHUR, Philadelphia.
T. H. SMITH, Philadelphia.
N. WIGGIN, Maine.

1204 WALNUT STREET,
December 20, 1865.

GENTLEMEN OF THE COMMITTEE:—

In compliance with your polite request of the 13th inst., I enclose a copy of my lecture on Cholera, delivered at the Homœopathic Medical College of Pennsylvania, on the 8th inst.

Respectfully yours,
AD. LIPPE.

LECTURE.

LADIES AND GENTLEMEN:—

If we judge from the past, there is great reason to fear that the Cholera will follow a westward course, and visit this country during the next year. It behooves us, therefore, to prepare in time to meet this epidemic, and establish for Homœopathy the same good record that our predecessors have left us, in the far superior results of the treatment of this epidemic.

The first information of this disease was, that it raged on the delta of the Ganges in 1629, and of late, the learned Dr. Bonnafond, of l'Académie de Médecine at Paris, has declared that this disease originated at the delta of the Ganges, and in the marshes of India. In 1817 the disease came from Hindostan to Arabia, where it raged in 1821, and extended in its westward course to Russia and Germany. In October, 1831, it broke out at Hamburg. In 1832, London and Paris suffered severely from its ravages. In June of the same year, it reached Montreal and New York, and Philadelphia in July.

This year the disease broke out again at Mecca, extended to Alexandria, and along the shores of the Mediterranean and the Adriatic; Constantinople, Naples, Marseilles, and Madrid suffered severely, and a few cases have been reported at Southampton. The cases that lately appeared in New York came directly from Havre.

An opinion extensively entertained by the profession is, that there are certain classes of disease, including the small-pox, measles, scarlatina, and hooping-cough, which an indi-

vidual may take on coming near to a patient affected with them, although the intermediate air be pure; and that there is another class of disease, including the plague, yellow fever, typhus fever, cholera, and dysentery—which an individual cannot take, unless the intermediate air between himself and the patient is impure, and that, therefore, he takes these from the air, and not from any specific poison derived either directly or indirectly from the patient. The former class of disease they denominate as contagious, the latter infectious. But in both cases, the diseases *are* communicated through the air, in consequence of its contamination, and in both cases by a specific poison, else the same kind of disease as that with which the first patient was affected would not be reproduced. These classes of disease, when communicated through the air, differ not in the principle or mode of communication, but in the quantity or dose of the poison which is required for reproducing the disease. The terms contagion and infection, as now extensively used in a technical sense, serve only to conceal the want of precise ideas, and the defects of a false mode of reasoning. The confusion, the dispute, and hesitation of learned academies and their disagreements arise from not viewing the subject in a mathematical point of view, that is, in its relation to the science of *quantity*.

The popular mind is prone to inquire about the existence of certain things or entities, rather than their quantitative relations; it asks, is there infection in this disease or in that? It does not think to inquire whether there is more or less infecting power; it does not suspect that this is the only difference in many diseases with regard to their power of propagating themselves.

The problem, in regard to the infectiousness of cholera, is of a similar nature, and is to be solved by a reference to precisely the same three conditions, viz., dilution, quantity, and susceptibility. If several cholera patients should at the same time occupy the same small and ill-ventilated room, the air of that room would after some time become so charged with the miasma as to be able of communicating the cholera

to other occupants, provided that, by their constitution, their state of health, their neglect of regimen, and of prophylactic remedies, they possess a certain degree of susceptibility to the disease. To them the disease would be infectious in this concentrated form of morbific miasm. On the other hand, if there was but one patient in a large well-ventilated room, the respiration of the air during the same length of time, and by individuals having the same predisposition, might be perfectly safe, and would certainly be attended by but little danger, as compared with that of the small, close, and crowded room.

What in a more concentrated state was a poison, becomes comparatively innoxious by dilution. If we admit the possibility of taking the cholera under these last circumstances; if we say that, even in a well-ventilated room, cholera may, to some persons, prove infectious, the statement is liable to be misunderstood and misapplied. One might then say that cholera is infectious like the smallpox. This would be a gross exaggeration, and one which it is important to prevent, inasmuch as it would deter many from giving the requisite attention to the sick, and also excite among those not yet attacked, an alarm that would increase their susceptibility.

The miasm of the smallpox is one that operates in a much more diluted state than that of cholera, and requires no peculiar susceptibility, except that naturally possessed by persons who have not been vaccinated.

The medical mind—perhaps from a deficiency of mathematical training—is extensively infected with this same intellectual vice. Physicians, instead of recognizing degrees of the infecting power, generally found their distinction on modes and media of transmission. Again, instead of recognizing a great diversity—as they would, had they hit on the true principle of distinction—they assume that all except a few disease are incommunicable under any circumstance; and through those that they acknowledge capable of propagation they arbitrarily draw a single line, and denominate the whole group on the one side of that line contagious, and the

whole group on the other side infectious. They have not yet perceived that, what they call infectious—considered as a property of the disease—is merely the contagious property in less intensity. For the sake of convenience, let us use the term infection in its most comprehensive sense, and which embraces all modes of communication.

To inquire whether Asiatic cholera is infectious, is like asking whether diluted alcohol is an intoxicating drink. Is diluted alcohol an intoxicating drink or not? Is it not obvious at sight that the requisite data for the solution of this question is not given in the question?

It is indefinite in three respects: first, as to the degree of the dilution of the alcohol; secondly, as to the quantity to be taken; and thirdly, as to the susceptibility of the drinker to its intoxicating influence. One part of alcohol diluted with ten thousand parts of water, is *not* an intoxicating drink in any quantity which the stomach can retain; one part of alcohol diluted with one hundred parts of water, is not an intoxicating drink, unless taken in enormous quantities, or by persons highly susceptible; one part of alcohol diluted with two parts of water, if taken in quantity, is an intoxicating drink, the result depending on the susceptibility of the person.

A person going near a smallpox patient, even in a large and well-ventilated room, would be in great danger of taking the disease. The danger of this in a case of exposure to a cholera patient, under the same circumstances, would be comparatively trifling. In cases of cholera, as well as of most other diseases, the liability to infection depends vastly more upon the peculiar susceptibility of the individual than upon the degree of exposure. When the cholera is introduced into a city, a majority of its inhabitants may have symptoms which mark its presence in the atmosphere; but only a small portion usually take the disease, however intimate their communication with the sick; and of those who become affected with it, there is a large majority who had no obvious and direct communication with persons laboring

under the disease. In its progress from one country to another, and from one city to another city, it often selects the great thoroughfares of men, and lingers especially near rivers. At other times, the disease travels across dry regions, and seems to pass from city to city independently of human intercourse. Cholera, then, travels by two methods, viz., with men as vehicles, and at times without any obvious and visible vehicles of transportation; it is sometimes carried, and again, at other times it invades.

The disease which is now generally known by the name of Cholera, and which has been denominated Epidemic, Asiatic, Spasmodic, Pestilential Cholera and Cholera Asphyxia, agrees in but few particulars with the ordinary Sporadic or Bilious Cholera, known by the name of Cholera Morbus. It usually differs from the latter in the whitish appearance of the alvine evacuations; in the absence of bile in them and the matter vomited; in the suppression of other secretions, especially that of the urine; in the greater liability to cramps and other spasms; in the coldness of the body, including surface, tongue, breath; in the livid color of the skin, the early cessation of the pulse, and the great rapidity and fatality of the disease.

Dr. Dieffenbach, of Berlin's observations upon cholera patients, embrace a species of vivisection which are very interesting. He found that upon cutting with a surgical instrument into the skin of a cold, bluish, pulseless cholera patient, no blood escaped; the wound was icy cold, and the attendant circumstances resembled the incision made upon a dead body; the skin was so contracted and tough as to feel like that of aged women; the sharpest knife moved along through the skin with difficulty; indeed he found that an incision could be made with more facility upon a dead body than on a pulseless cholera patient. If we separate the wound with the cellular membrane so as to expose the layers of membrane and muscle, the large vessels and the venous cords, we may observe the following phenomena: We will perceive at first that the wound does not bleed at all, that

the skin is bloodless and does not present, upon an incision being made, the ordinary slight red, but mostly a cinnabar yellow. If the part wounded was in a livid state, the sides of the wound appear of a bluish-brown color; by wiping off the wound with a sponge, we observe that this coloring from the division of the capillaries brings forth a slight trickle like blood, but a portion of the fluid remains behind and cannot be pressed out. The fatty portion of the skin is of a glossy yellow color, and in general very dry.

A most remarkable change is seen in the cellular membrane which binds together the muscles, it is generally rigid, dry and clear, like a piece of isinglass; when divided it presents the same transparency as that of the skin of cold-blooded animals.

The *aponeurotic* membranes, the tendons and cartilages, appear white, but they have less of the usual silvery appearance, they are much more soft and withered. The muscles are not more pale than common, but somewhat brownish; the larger nerves are much paler than in the usual surgical operations, and feel softer; the irritability of the nerves of the skin is not altered, since the division of the skin of a cholera patient is attended with as violent pain as that of a healthy person. The wound never bleeds, and upon cutting the cellular tissue membrane, it looks as if it had been washed; should we wipe off the surface, it is long before it becomes again moist. There is a similarity in the appearance of the veins with those of slaughtered animals; one may distinguish the dark, thickish contents through their coats; we will not find in them the usual equal distribution of the blood. In the large vein, such as the vena axillaris in muscular men, the shrinking up of the vessels is certainly not quite so considerable; but the jugular vein has been found empty several times, having the size and appearance of a string of twine. We find none but the large veins turgid with tar-like blood, such as the axillary, jugulars, &c.; those of middle size as the trachialis, basilica, cephalic, and others, are generally empty.

The ordinary amount of blood circulated by such veins may be about one-fourth of the usual quantity in the healthy condition. The appearance of a large bared artery differs in many respects from what is commonly seen. In ordinary circumstances an artery that has been laid bare presents the appearance of a white reddish, shining cord, possessed of elasticity. Here, on the contrary, we find it dull and lax, not for want of being filled, but because its coat has lost its living tension or turgidness. The artery seems to have grown lean and loosely coated. The arteries of the upper extremities are generally more empty than the lower ones. Interesting as these observations must be to the medical student, they shed no light, however, on the treatment or the better understanding of the disease. The anatomical sect were no more successful in tracing out the causes of the disease by dissections on the living and dead bodies than were the chemical sect who examined the blood and other fluids of the patients in the chemical laboratory. The chemical Allopathists found a deficiency of salt in the blood which they endeavored to supply artificially by introducing it either by the mouth or veins; whilst the mechanical Allopathists, supposing that the thickening of the blood was merely a consequence of the discharge of its watery parts into the intestines, strove to arrest this discharge by opiates and astringents. The most pure and perfect specimen of this practice is a plan proposed by an Allopathic Medical Professor, viz., to cork up the "Alvine Channel."

We will now proceed to give a description of the characteristic features of an attack of cholera:—

The bodily suffering does not impair the functions and activity of the mind. The patient is lying in an apparent half-sleeping condition, from which he is easily aroused; he then answers all questions with clearness, and shows that he thinks with accustomed precision: he has a correct idea of his condition. Delirium is not present, but if it appears accompanied by sopor, the prognosis becomes less favorable, as this indicates the beginning of typhoides. The strength

of the will goes generally hand in hand with the power of the mind; but in cholera it is not the case. The mind is perfectly clear and strong, but it is difficult to stimulate the will which is generally entirely passive, except roused by external influences. The excitability and energy of the will, too, are weakened by the bodily excessive debility which characterizes the cholera in so high a degree. The greater the illness of the patient, and the less does he show a desire to exhibit a will, the more passive is he. The deficiency of the will carries with it a laxness of the mind which shows itself in the perfect indifference of the patient to himself or those around him. The return of the will, and the interest in those around him, is an unerring evidence of an improvement in the condition of the sick.

The physiognomy of the cholera patient is very striking. The forehead seems to be broader and the chin more pointed, the cheek-bones become unusually prominent. The upper lip is drawn up exposing the upper teeth, the corners of the mouth are thereby generally not changed. The eyes are sunken and deep in the head, surrounded by deep broad folds and by a bluish-gray or purple-colored ring. The eyelids are neither quite closed nor quite open. While fully awake, the upper eyelid falls down too low, and when in slumber, the lower eyelids droop too much, the eyeball is turned a little upwards. The eyes have generally no expression, and are often very shining. The forehead forms wrinkles at the root of the nose. The nose is sharp, pointed, but the wings of the nose are not fallen in. With this alteration of form we find the face and lips of a livid, pale, or lead color. If in a case of cholera the eye becomes more brilliant, if they look more like a looking-glass, if the wrinkles on the forehead become more strongly marked, if the upper lip becomes more elevated, and also the corners of the mouth, giving to the countenance the expression of a martyr laughing with inspired exaltedness over his sufferings, we may expect bloody evacuations and a fatal result; by all means they show an increase of the disease. On the hands we find some

three or four longitudinal folds in the palm of the hand; the upper side of the hand is full of wrinkles, resembling the hand of a washerwoman; the hand is emaciated, blue, and cold; the change in the feet is similar.

The skin loses its natural tension, turgescence, and all elasticity; if the skin is pressed into a fold it remains in that condition for a long time. The temperature of the skin is considerably reduced; its color is like lead color; in violent cases the forehead looks purple; a purple ring surrounds the sunken eyes; the lips are pale or bluish; the reddish edges of the cold tongue have a bluish hue. There is generally present in extreme prostration, in the chest and at the pit of the stomach, a distressing anxiety and sense of oppression. Nausea, faintness, and loud rumbling in the bowels; sudden and forcible vomiting of a milky or watery fluid in large quantities. Evacuations from the bowels consisting of similar watery substances, containing white floating grains—rice-water discharges. These vomitings and evacuations are followed by spasms, tremors, and very rapid loss of the heat of the body.

There is often great thirst; but in many cases the liquid is no sooner swallowed than it is forcibly ejected from the stomach; sometimes the cold liquid is not ejected from the stomach until it becomes warm. The extremities are frequently the seat of very painful cramps; the secretion of urine is suspended. Severe cases pass on in the course of from eight to sixteen hours to the stage of *collapse*. Indeed, the most severe cases may almost be said to commence with collapse. In this condition the features are pinched and sunken; the skin is of a bluish color, icy cold, and clammy; the tongue is cold, and the hands are corrugated. The voice is husky and faint, and the breath is cold. The pulse is frequently very small, and often imperceptible. The evacuations from the stomach and bowels become less and less frequent as this stage becomes more fully developed; and in most cases they entirely cease before death. The secretion of urine is entirely suspended. The thirst is intense. While

the internal surface of the body is very cold the patient still complains of an internal burning heat. The stage of collapse may last from two to twelve hours. In a majority of cases it ends in death. In the more fortunate minority reaction sets in, marked by returning warmth and re-established secretions.

It is to be noted that, the more rapidly fatal the case, the earlier the collapse occurs, and the less abundant are the evacuations. In the most terribly rapid cases, which destroy life in a few hours, there are almost no evacuations.

It is evident, therefore, that death in cholera does not ensue from the drain on the system resulting from the evacuations, and consequently mere astringent remedies will not cure cholera. During a cholera epidemic diarrhœa is very prevalent. It almost always precedes an attack, and, doubtless, predisposes it. Instant attention should therefore be paid to such premonitions. In like manner slight cramps are often felt, and they should also be regarded as premonitions, and medical advice should be sought for at once.

A vast number of remedies and modes of allopathic treatment have enjoyed ephemeral reputation, have been lauded, rejected, revived, and again rejected.

If at the close of an epidemic in any place, methods and medicines acquire an undue reputation, it is because the disease is usually at that period when it is less malignant and fatal. Whatever medicine will cure one patient, or is most applicable in one epidemic, in one locality, may be found inefficient in another patient, in another epidemic, and in another locality. The Allopathic School having no law of cure to guide them, and unable to individualize, still hope to find the *specific* for the disease. How far they have been successful, and the relative results of the different practices, we will now show by the comparative results of the first epidemic of 1832 and 1833.

In Vienna there were 4,500 patients treated allopathically, of whom 1,360 died. There were 581 treated homœopathically, of whom 49 died. This gave 41 per cent. under the

former and only 8 per cent. under the latter treatment. Dr. Quin, of London, has given a table of the results of the treatment of ten different homœopathic physicians; the greatest loss was one-fifth of the number of patients, while four-fifths were saved. The best result obtained by any one of these physicians was the saving of 40 out of every 41 patients, or losing 3 out of 125, this being the number of cases he treated. This physician was Dr. Weith, of Vienna. These cures were made at a time when the pestilence was prevailing in that city in its greatest intensity, baffling all the skill of the allopathic physicians. The statement of this venerable man can be relied upon; he is above suspicion. He had no party prejudices to mislead him, no professional interests to advance. Formerly a learned and respectable Doctor of Medicine, he felt it his duty to become a minister of religion. But when he beheld his fellow-citizens doomed to destruction, his feelings as a man and his principles as a Christian impelled him to stretch forth his hand for their relief. It was distressing to him to be continually called to the death-beds of persons who might have been saved by homœopathy, but were perishing in spite of allopathy. Of the 1,093 patients treated by ten homœopathic physicians, 998 were saved and only 95 lost. Thus the average proportion of deaths was only 2 out of 23 patients.

An official report to the Government of Bavaria by Dr. Rath shows the result of the treatment of 14 homœopathic physicians in Prague, Vienna, and Hungary, he reports as having been treated by these 14 homœopathic physicians 1,269 cases, cured 1,184, died 85; mortality only 7 per cent.

In Russia, Austria, Berlin, and Paris there were 3,017 cases treated homœopathically, of which 2,753 were cured and only 264 died, a mortality of only 9 per cent.

The Hon. Alexis Eustavieve, the Russian Consul-General, reports in Russia homœopathically 1,270 patients, 1,162 were saved and only 108 lost, showing a mortality of only 9 per cent.

These facts are derived from the reports of Admiral

Mordoinow—then President of the Imperial Council—who affirms that not a single death had occurred when homœopathic treatment was resorted to in the incipient symptoms of cholera, and that it was remarkable that all the patients cured by homœopathy regained in a very short time their former health and strength; while those who survived the other treatment were left in a state of weakness which lasted several months, and but too often terminated in another disease which finally proved fatal. The mortality under the allopathic treatment may be set down as about 40 per cent., while under homœopathy below 10 per cent.

We will now proceed to the treatment of this disease, beginning with the prophylaxis.

There must be in the individual in whom the seed is planted, a congenial soil; if this be lacking the seed will not germinate and bear fruit after its kind. This congenial soil may have moral or physical, powerful and predisposing causes; the moral cause is fear, dread, *panic*. We should strive against this in every way, and can best do so if we faithfully perform every means to ward off the disease so much dreaded.

When the history of the disease unmistakably shows that the individuals who first fell preys to its ravages were such as habitually indulged in strong drinks, and if we thereby learn that alcoholization predisposes and prepares a good congenial soil, we must warn all against the use of alcoholic drinks, and deplore the bad advice given even at the present time, with all the facts known, by the physicians of the Allopathic School, who advocate the use of tea with rum, Jamaica spirits, as a prophylactic; and when we read that one café in Paris disposed of 350 casks of Jamaica spirits in a fortnight, we can but deplore the fate of such ill-advised people.

Cleanliness is good at all times, but especially when an epidemic is threatening; but personal cleanliness must not be carried to excess. Too frequent bathing deprives the body of too much heat, debilitates the system and thereby predis-

poses to the disease. Excesses of all kinds predispose to cholera. The inordinate use of animal or vegetable food as well as fasting are predisposing causes. In a cholera epidemic in Louisiana, during and after a three days' fast rigidly kept by the people, the mortality quadrupled. We are justified in abstaining from hurtful luxuries, but have no right, in punishing ourselves, to injure the health.

There should be a total abstinence from unripe or sour fruit, from coffee and distilled liquors, from pickles, peppers and spices, oysters, clams and fresh fish. No great and sudden changes should be, however, made in the general mode of living. Fermented liquors, such as beer and ale, have been considered quite allowable, provided they were pure and unadulterated. Persons who after the use of lager beer are attacked by diarrhœa, must conclude that either the beer does not agree with them, or that it is adulterated with aloe, quassia, &c.; and if a majority of people are likewise affected, then the adulteration may be set down as a fixed fact, and the use of the beer should not be allowed. The dress should be warm, and we must avoid becoming chilly or taking cold. The bath should be neither cold nor warm, the temperature of the water should range from 75 to 80 degrees, Fahrenheit. We should remain in the water but a few minutes, and should not bathe oftener than once or twice a week. It is well to use exercise, but great fatigue should be avoided. We must endeavor to encourage good temper, hope, and cheerfulness in ourselves and others.

The prophylactic remedies will depend in a great measure on the curative remedies in a cholera epidemic; the most prominent curative remedy will be the best prophylactic in cholera as well as in all other epidemic diseases.

The first cases of cholera in a given locality will very soon enable us to find the remedy corresponding with the epidemic character of this disease; if we collect the prominent symptoms of the first cases, we soon perceive a striking similarity of the totality with one of the medicines; this medicine will probably be the prophylactic in the present

epidemic. In Paris all the workers in copper and brass were exempt from the cholera; during the epidemic in 1852 it was *the* prophylactic. In Italy the curative medicine was camphor, and camphor also was the prophylactic; but to give two alternate medicines as prophylactics, as has been frequently proposed, is an evidence of great uncertainty, and shows a lack of discriminating power and neglect of individualizing.

Before we know the true prophylactic in an epidemic of cholera, we can safely recommend, when there is a decided attack of cholera, and before medical advice can be obtained, the use of camphor. One drop of the tincture of camphor to be placed on a lump of sugar and then dissolved in a tablespoonful of cold water. This can be repeated every five minutes, until there is a decided mitigation of the symptoms; this will usually be after five or six doses. One sign of its good effects is perspiration. In the proportion as the symptoms yield the dose should be given at longer intervals. The cholera rarely attacks a person without showing some premonitory symptoms, and if the diarrhœa begins, as it often does, after midnight, and especially if accompanied by cramps in the soles of the feet, one dose of highly attenuated sulphur will be all-sufficient to ward off the development of the disease in that particular case. If diarrhœa sets in, and when there is gluey matter on the tongue, or cramps in the upper arm or forearm, or in the wrists, if the evacuations are yellowish and painless, phosphoric acid will be the remedy; but if the tongue is coated white or brown, and the evacuations are attended with griping or colicky pains, then phosphorus will be the remedy. If the coating of the tongue is yellow, and the diarrhœa very painful, veratrum will be the remedy. Before further proceeding to give such characteristic symptoms of medicines as have been corroborated by many clinical observations, and are perfectly reliable, allow me to make some general remarks.

Clinical observations and confirmed characteristic symptoms are the true but not the only guides. We may meet

with individual cases not showing any of the symptoms familiarly known as belonging to any of the remedies of which we have clinical reports, and thus we may be guided by the epidemic character, the prevailing remedy, or look for other indications, as for instance, the cause which produced this individual attack, and to illustrate this allow me to state a case as reported by a physician in the Homœopathic Belge. The doctor was walking in the suburbs of Brussels and was attracted to a house by the lamentations he heard. He found a butcher, a young man, attacked by cholera then epidemic. The symptoms seemed at first sight to call for cuprum, but while the doctor was taking out his pocket case he learned that the young man had become much heated in the slaughter house, and when coming to the dwelling had divested himself of his shoes and warmer clothing, had washed the hall and floor, had become very wet, checking thereby the perspiration, and was immediately attacked by spasmodic cholera. This circumstance, *i. e.* the cause, checked perspiration from becoming wet, induced the doctor to give the patient one dose of rhus tox. 30; the result was unexpectedly favorable; the patient very soon fell into a sound sleep and perspired freely; he awoke at 3 A. M., and the faithful physician, who had remained at the house, finding him still complaining of nausea and headache, gave him one dose of nux vom., by which means he was fully restored to health, and was enabled to attend to his usual duties on the day following.

The patient should always be put to bed and covered with woollen blankets; he should not be permitted to rise, but certain conveniences should be used so as to prevent exposure to air and a waste of strength. Ice water may be given as frequently as the patient desires it.

The symptoms of the patient being well ascertained, the appropriate, most similar remedy should be administered in one dose, which may be a very small one, and the more similar the remedy is found to be to the disease, *i. e.* the more homœopathic it is, the smaller, the higher attenuated

may be the dose. It will be perceptible, if *the right remedy*, about ten minutes after it is administered, but seldom later, often much sooner.

The first practical evidence that I had of the quick action of the truly homœopathic highly potentized remedy was in a case that I saw in consultation some twenty years ago. The lady was over sixty years of age, had been suffering from an attack of cholera fourteen hours before I saw her; at 4 P. M. arsenicum and camphor in alternation, cuprum and veratrum in alternation, and finally arsenicum and cuprum in alternation had been repeatedly given in large doses, but the disease progressed, the suffering from the cramps was great, and the hope of recovery very small. A careful comparison of the symptoms pointed to veratrum as the truly homœopathic remedy. The patient was given a few pellets of veratrum, 200 (Yehnichen), the change in the pulse was at once perceptible, and in less than ten minutes the patient fell asleep, became warmer and awoke after more than two hours of sound sleep; the pain and cramps returned, and a second dose of veratrum 200 was again administered with the same good result, a profuse warm perspiration broke out, and when she again awoke, all cholera symptoms were gone. She received no other medicine but the two doses of veratrum 200.

The more violent the attack, the sooner may we expect to see an unmistakable evidence of the curative effect of the medicine. If no such evidence is discernible at the end of ten or fifteen minutes, and if we are confident to have chosen properly, we should repeat the dose, or give the same remedy in a still smaller dose. If an improvement has become manifest; if the vomiting has become less, the cramps less violent; the skin warmer, or sleep and perspiration set in, we must allow the dose or doses administered time to exhaust its effects, and only repeat the remedy should the patient be worse again. If no improvement or change of symptoms is perceptible, it is evident that the choice of the remedy was improper; we should then re-examine the patient,

search diligently for new symptoms, and again select a remedy with the utmost care. If an improvement begins, but only such symptoms as guided us in the selection of the remedy disappear, then we must choose another remedy for the remaining symptoms; but if new symptoms arise while the former ones have yielded to the remedy, then these newer, later symptoms, will indicate the right medicine. The case can never occur that two medicines should be similar *at* the same time, and therefore, should be administered *at* the same time, or in alternation. If we expect to obtain the desired and promised result of the homœopathic treatment, we must follow it out, and hold fast to the similar, the single remedy and minimum dose.

If we administer camphor, it may be given in drop-doses of the tincture; but later experience has proved satisfactorily that the potencies of this volatile substance act more rapidly, and with greater energy than the unpotentized tincture. In the cholera epidemic of 1832, the greatest success has followed the administration of the 30th potency of camphor, by one of our oldest physicians in New York. The quantity of the remedy can never accomplish the cure of any disease, may it be ever so violent or acute; what the quality lacks, *i. e.* the similarity of the remedy must be present, and if that is wanting, the quantity can never make it more curative. The different stages of the disease give us no positive indications for the one or the other remedy; we must always be guided by our acknowledged principles, and as we must individualize in each case of disease, we cannot generalize and select our remedy for pathological conditions.

We will now proceed to give under each remedy, such symptoms as have been confirmed by clinical experience.

Camphor. Icy coldness of the skin. Faintness, with pressure in the pit of the stomach, vertigo, colicky pain in the stomach, nausea, *vomiting, with cold perspiration, especially in the face*, burning in the œsophagus and stomach, cramps, especially in the calfs, the upper lip is drawn up, exposing the upper teeth, eyes sunken and fixed.

Veratrum. Vertigo. *Violent and profuse discharges of rice-water like fluids, upwards and downwards, vomiting of* FROTHY *substances*, great anguish, oppression and spasmodic constriction of the chest, *extreme thirst for cold water in large quantities. Vomiting after drinking*, with great lassitude or diarrhœa at the same time. Distorted countenance, *cold*, pale or *bluish face* and lips. Eyes sunken and fixed, blue under the eyes, pupils contracted. Cramps in the calfs, fingers, and toes, *hoarse feeble voice*, with coldness of the mouth and tongue, dry or yellow-coated tongue. *Cold perspiration on the forehead* during the evacuations. Urinary secretions suppressed.

Cuprum. The evacuations less copious, the spasms and cramps in the stomach and chest more painful, with extreme sensitiveness to touch. Face and lips blue and cold, voice hoarse, respiration labored, urinary secretions suppressed.

Arsenic. Sudden sinking of strength, burning pain in the stomach and intestines, *restlessness*, anguish in the chest, great thirst for *cold* water, with *drinking but little at a time, vomiting as soon as he drinks.* Blueness around the sunken eyes. Face and lips blue and cold.

Jatropha curcas. Large watery evacuations coming away in a gush like a torrent, with excessive vomiting of a watery substance resembling the *white of an egg. Gurgling noise in the intestines, sounding as if a bottle was emptied.* Cramps in the calfs, drawing them flat.

Secale cornutum. Cramps in the chest, *hands and toes*, blue, cold, *shrivelled* skin. *Aversion to heat* and being covered.

Phosphor. If the thirst is excessive, *the vomiting does not take place till the cold water becomes warm in the stomach*, and then the thirst is again intense. *The rice-watery evacuations contain grains like tallow. Tongue coated white.*

Sulphur, probably the most important remedy in this disease, both as a prophylactic and curative medicine. *The diarrhœa commences between midnight and morning*, with or without pain, with or without vomiting, ineffectual desire to

evacuate, *diarrhœa and vomiting at the same time*, numbness of the limbs, *cramps in the soles of the feet* and calfs. Blueness under the eyes.

Croton tiglium if the evacuations are caused by drinking—each time he drinks he has an evacuation.

Colchicum. If the least movement causes a return of vomiting, and if the nausea is accompanied by great flow of saliva.

Carbo veg. Cold breath and tongue, great exhaustion, *voice lost. Collapse without diarrhœa, vomiting or spasms.* Cold perspiration on the face.

China will often restore the patient suffering from great exhaustion caused by loss of fluids.

Rhus tox. When reaction has occurred but the tip of the tongue becomes red, showing an approaching typhoid condition.

While I have endeavored to point out the most characteristic symptoms for the choice of the most known medicines in this disease, the practitioner will meet occasionally with cases in which the individuality of the patient has developed strange and not here mentioned symptoms, these rare individual symptoms will necessarily lead to the choice of the curative remedy in such a case, and the desired result must follow.

The more close we follow the practical rules of the master in the treatment of this as of all other diseases, the better will be the result, the greater our success. In this we glory that we possess the unerring law of cure which guides us through the darkness in which rests the Allopathic School. Strange as it may seem, these blind physicians are not ashamed to try to rob Hahnemann of the honor due him to have first of all living men proposed and advised camphor as the first remedy to be given for cholera. The cholera mixture, claimed to be the invention of some celebrated allopathist, and claimed to be his original prescription, is curative in some cases because it contains camphor; but silly as that school is, it must be combined with laudanum, etc.

When the cholera on its westward march reached Russia, Hahnemann advised his friends by letter, before he ever saw a case of cholera, but guided by the symptoms alone, when and under what circumstances camphor, veratrum or cuprum would become the curative remedies. The same characteristic symptoms pointed out by the great master then guide us yet. Notwithstanding the almost miraculous results of his sagacious advice, the physiological and chemical school continued in vain to find the cause of the disease by the aid of the dissecting knife and chemical tests, they neither found the cause nor the remedy, and never will. Hahnemann found the true curative remedies, guided by an unerring, never-failing law of cure. The cholera and the success following the application of Hahnemann's practical rules, have done much to enlighten the public on the comparative merits of the opposing schools. The allopathists as a body remain blind, and will remain so as long as they close their eyes to facts.

We can no better show our gratitude to our master, and have no surer and safer way to propagate his doctrines, than by following him faithfully and implicitly now and forever.