

*Safety in  
Cholera Times*









SAFETY

IN

CHOLERA TIMES.

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Homœopathic Treatment.

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FULL DIRECTIONS FOR  
THE CURE AND PREVENTION OF THE DISEASE.

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## PREFACE.

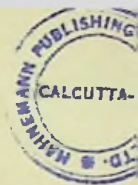
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THIS little book is a condensation of the best works on the treatment of cholera, and is intended solely for the public. Cholera is a disease that attacks with such rattle-snake-like suddenness and deadliness (and it is so important to meet its first onset) that every one should have some knowledge of the proper treatment, and also have the right remedies within reach. No sane man will attempt to treat a case of cholera himself when he can obtain the services of a physician; neither will he let himself, or others, sink under the fierce onslaught of the Asiatic demon for hours and



do nothing but await the too often tardy, and sometimes too late, arrival of the physician. Neither will such a man submit to any other than homœopathic treatment, physician or no physician, after he has read the facts on the matter to be found at the end of this book.

Finally, with the improved and swifter methods of modern travel, each sweep of the cholera is more rapid than its predecessor, and it behooves each one to study the question of treatment, keep this book at hand, and when the disease is imminent lay in a supply of the proper remedies. By so doing the danger is reduced to a trifle, and one may rest easy even when in the midst of the pestilence.



# SAFETY IN CHOLERA TIMES.

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## CHAPTER I.

### CHOLERA.

IT seems to be a settled fact that Cholera originates among the Hindoos, and generally spreads westward. Vasco de Gama seems to describe it in 1503 when he speaks of a pestilence in which "over 20,000 men of Calicut died of a disease which struck them sudden like in the belly, so that some died within eight hours." He was the first European who sailed around the Cape of Good Hope and visited India. The disease is hardly ever absent from that country, but

only periodically does it sweep away into other countries. It first visited America in the year 1832, brought from Ireland to Quebec. Thence it spread over the entire United States, Mexico and West Indies ; but it took five years for its march through Asia and Europe to these shores. Each succeeding epidemic spread with greater rapidity, that of 1892 requiring but five months to travel the space requiring five years in 1832.

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## CHAPTER II.

### CHARACTERISTICS OF CHOLERA.

THE disease, Cholera, has been denominated Epidemic, Asiatic, Spasmodic and Pestilential Cholera, and Cholera Asphyctica or Asphyxia ; it

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 in the matters vomited, and 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, etc.: in the livid color of the skin; in the early cessation of the pulse, and in the great rapidity and fatality of the disease.

One of the most remarkable features of Cholera in an advanced stage, and of the more perfect types of the disease, is the rapid failure of *animal heat*. The temperature of the whole body is greatly reduced, and some parts acquire a marble-like coldness long

before death. "The coldness of the skin, tongue, breath," says Joslin, "I have frequently observed, and others have a thousand times described."

That *a dark color of the blood is one of the characteristics of Cholera*, is well known. To this color of the blood may be attributed the livid color of the surface of the body—a color which is not, however, identical with that of the blood, but depends partly upon the color of the medium through which the blood is seen. There is frequently no sensible difference between the color of the venous and that of the arterial blood. Many physicians have compared the blood to tar or treacle. The blood drawn from a patient was found by Dr. Reid Clanny to be as black as tar, and to contain more than twice as much carbon as healthy blood. It was tasteless, and contained no carbonic acid or gas of any kind.

Cholera has three stages :

At first, there is languor, irritability, confusion in the head, uneasiness at the stomach, and diarrhœa. The diarrhœa is painless.

Second: Then comes on vomiting, alternating the painless diarrhœa, which quickly passes into watery, rice-water discharges. The discharges show no bilious matter whatever. Then follow spasms, which commence in the legs, the calves generally, and go upward until the muscles of the abdomen and stomach contract, causing most excruciating pains. The patient then may become indifferent to surroundings, face livid, and in a short time a strange metamorphosis occurs. The young look old; skin cold, gray and wrinkled; eyes sunk, and blue rings form around them; hands and feet wrinkle as in one of eighty; eyes half closed, become glassy, cheeks sunken, nose

pointed, tongue cold and blue. Thirst is intense, yet the patient may object to drinks; breathing deep and slow; breath cold; voice rough and hoarse; pulse is weak and slow.

In the third stage the vomiting ceases; the patient seems to collapse; stomach contracted; face livid, death-like; pulse imperceptible, and then the end comes.

In the phenomena presented after death there are many striking coincidences between Cholera and asphyxia from other causes; the same fluidity of the blood for hours after death; the same tendency of the body after death to an increase of warmth and diminution of lividity, as in cases where the respiration is suspended by hanging or drowning.

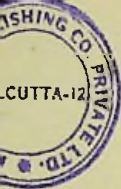
Such is a brief outline of the characteristics of this disease.

## CHAPTER III.

## CAUSES.

LITTLE need be said on this point. Koch made a name for himself by discovering the microbe of Cholera, and a great ado was made over the matter; but what followed? Nothing. Many "microbes" of many diseases have been discovered, but those who pin their faith to this form of "scientific medicine" are just where they were before when it comes to curing the diseases of which they have discovered the microbe. The trouble probably is that the learned gentlemen have mistaken a product, or effect, of the disease, the microbe, for the *cause* of the disease. The chief value in Koch's discovery is that it enables the expert to more surely





diagnose a suspected case where the disease is not yet epidemic.

Nothing exists in this world without a cause, so Cholera must have a cause. Finding that cause in a "microbe" is but removing the question one step further back to—What is the cause of the Cholera microbe? We know that the disease originates in India. Some authorities maintain that it is an outgrowth of the combinations of heat and filth. Perhaps. But heat and filth meet in other parts of the world but no Cholera follows. The truth is that the cause of Cholera, like that of all other diseases, is unknown.

## CHAPTER IV.

### HYGIENIC RULES.

BOOKS, Bulletins of Boards of Health and newspapers are full to overflow-

ing during cholera times with "rules," many of them excellent, yet rather self-evident, others questionable and others foolish. In a most excellent book we read the rule "Avoid taking cold, or becoming chilled." Now this is a good rule to observe at all times; but no one can be found who voluntarily becomes chilled and catches cold.

"Use warm clothing." Certainly, though "comfortable clothing" would probably be preferable. Surely no good can come of one's dressing so as to be uncomfortably and suffocatingly warm, and certainly none from being clad so as to be chilled.

One of the most popular and oft-repeated bits of advice is to "look on the bright side of things," be "cheerful," cultivate "good temper," etc. Excellent, all of it, yet does it not apply to all times?

Another is "don't get frightened."

Good, also, but somewhat hard of application by one who *is* frightened, and pretending he is not does not alter the fact.

Keep your house and person clean. Sound advice, but when does it not hold good?

The fact is that rules that apply to cholera times are almost without exception such as should be followed at all times. All sickness in its beginning is the result of some violation of hygienic or moral laws—if laws they can be called. In diseases like Cholera, and epidemics generally, the violation of the law is not always by the sufferers. Such diseases originate among people who through indifference, laziness, ignorance or unavoidable circumstances live so that the result is Cholera, Typhus, Small-pox or Yellow fever; from them the disease spreads to others, even those who live according to the strictest laws of health.

But people who properly order their lives, while not exempt from contagion if exposed to it, are nevertheless not so liable to contract such diseases as those who live in violation of such laws.

Among the hygienic rules given by Joslin which are not applicable at other seasons is one directing that people should not bathe in either hot, cold or even tepid water, but should use cool water, just about the temperature of a summer's day. Also that one should not remain in the water longer than a minute.

That such baths should be taken not oftener than twice a week.

That the feet and "other more sweaty parts" should be bathed daily, and, we may add, the cleaner the clothing is kept the better.

That one should see to it that the body is exercised daily, if one's

duties do not afford sufficient exercise, but that extreme fatigue should be avoided.

That fasting should be avoided.

He advises as a diet animal food, good bread and other preparations of wheat flour, soup, scale-fish, eggs, milk, etc.

Some authorities and the common idea, positively prohibit the use of all fruit and vegetables. This is a very uncertain question ; and it is open to discussion whether one who uses good fruit and fresh vegetables is not really in a better condition in summer to meet disease than one who confines himself to a strictly winter's diet. Many people have passed safely through epidemics of Cholera who used fruit and vegetables freely, while their neighbors, who avoided such a diet, have been stricken with the disease. There is a mystery connected

with the spread of plagues that science has not solved and probably never will. Why does one who violates all the "laws of health" escape the contagion, while another, who has had all the attention and skill that money can buy of science and professional training, is stricken down?

Perhaps the most important sanitary rule—if it may be so called—is to avoid panic. Why it is no man knoweth, but the fact remains that those who are possessed by an abject fear of Cholera are more apt to take the disease than those who are fearless. It is easy enough to say to such people, "Don't be afraid!" but the fear remains with them. This fear, of course, takes its origin in the awful death-rates of the disease under the prevalent and dominant medical treatment of the world. Under it a man or woman attacked by the Cholera

has about an even chance between death and life. On a world-average perhaps 50 per cent. of the cholera cases under old-school treatment die, so people who know no other treatment are naturally in a panic when Cholera appears. Nothing but a study of the results of Homœopathic treatment of Cholera will allay this fear and the fearful ones are respectfully referred to the closing pages of this little book for such facts. Under Homœopathic treatment Cholera is but little if any more dangerous than any other disease.

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## CHAPTER V.

### TREATMENT.

UNDER this head comes the really important, the essential part of any

treatise on Cholera. The rest is largely theory and guess-work, but here we come to deal with tangible and provable facts. As with all other diseases Cholera must be treated according to its symptoms. Fortunately these are so clearly defined and vary so slightly that prescription is comparatively an easy matter. From epidemic to epidemic the features of the disease seem to change but little if any.

*Camphora* is perhaps the most important remedy in the treatment. Every person attacked with such diarrhœa, vomiting, cramps, colic or other symptoms, as give an apprehension that actual Cholera has set in should take one drop of the tincture of *Camphora* (that obtained at Homœopathic pharmacies is the best for the purpose) on a lump of sugar, or one large saturated globule, repeating the dose every ten minutes until



relief is apparent. Very often no other treatment is required, and *Camphora* alone will cure. It is of the utmost importance that *Camphora* be given at the first onset of the disease, as it is useless in the later stages. Medicated globules are the most convenient form in which to keep and administer the remedy.

Among the symptoms especially calling for *Camphora* are *diarrhœa in cholera times*, with heaviness or pressure in the head, vertigo, bluish or pale color of face, nausea, sinking sensation in pit of stomach, coldness of body followed by faintness and weakness, spasms and anxious features, and rapidly increasing prostration and cold perspiration,

*Veratrum album* is generally the remedy called for next if *Camphora* has failed to arrest the disease. Its leading symptoms are violent diar-

rhœa, painful, with rice-water evacuations, griping, rumbling in the bowels, contraction of the abdomen and cramp in the legs; skin very pale, blue lips and dark circles around the eyes; cold clammy forehead; vomiting; fainting and great thirst.

*Cuprum* is called for in cases where there is spasmodic twitching of the muscles, cramps in the stomach, chest, calves of legs, fingers and toes, distorted countenance, loss of voice, difficulty in swallowing, strangling and labored respiration, urinary secretions suppressed.

*Arsenicum album* is indicated when the disease sets in with alarming suddenness and prostration, with *great restlessness* followed by burning in stomach, intense thirst, but after drinking patient vomits what has been drunk, suppression of urine.

*Carbo veg.* is indicated in the last

stage, when the discharges and cramps have ceased and the patient lies in a stupor, and is pulseless, with *cold breath*, cold tongue or coldness all over, a perfect picture of collapse. It has saved many patients even at this advanced stage.

*Ipecac* is called for in light cases where vomiting predominates over the alvine (diarrhœic) discharges; vomiting mostly of a sour fluid without diarrhœa.

Reaction is manifested by the lessening of the look of extreme anguish in the face, and by a warm glow gradually overspreading the whole body with slight perspiration. Then medication may be discontinued.

## CHAPTER VI.

## WHAT HAHNEMANN SAYS OF THE TREATMENT OF CHOLERA.

IN an article on "The Cause and Prevention of Cholera" (*Archiv. f. Hom. Heilk.*, vol. xi.), Hahnemann says: "*Camphora* should be given alone and always at the *very commencement of the disease, for it is only when given alone and at the very first invasion of the disease that it is so marvellously useful.* But if physicians come as usual, too late for the patient, when the favorable time for employing the *Camphor* is past and the second stage has already set in, when *Camphor* is useless, then they may use it in vain: their patients will die under its employment. Hence every one, the instant any of his friends take ill

of Cholera, must himself immediately treat them with *Camphor* and not wait for medical aid, which, even if it were good, would generally come too late. I have received many communications from Hungary from non-medical persons, who have restored their friends as if by magic by giving *Camphor* the instant they became ill."

"Where the Cholera first appears, it usually comes on in the commencement (in its first stage) with tonic spasmodic character; the strength of the patient suddenly sinks, he cannot stand upright, his expression is altered, the eyes sunk in, the face bluish and icy cold, as also the hands, with coldness of the rest of the body; hopeless discouragement and anxiety, with dread of suffocation, is visible in his looks; half stupefied and insensible, he moans or cries in a hollow, hoarse tone of voice, without making any dis-

tinct complaints, except when asked: burning in the stomach and gullet, and cramp-pains in the calves and other muscles; on touching the præcordial region he cries out.

“In the first stage *Camphor* gives rapid relief, but the patient's friends must themselves employ it, as this stage soon ends either in death or in the second stage, which is more difficult to be cured and not with *Camphor*. In the first stage, accordingly, the patient must get, as often as possible (at least every five minutes), a drop of spirit of *Camphor* on a lump of sugar or in a spoonful of water. Some spirit of camphor must be taken in the hollow of the hand and rubbed into the skin of the arms, legs and chest of the patient; he may also get a clyster of half a pint of warm water, mingled with two full teaspoonfulls of spirit of camphor, and from time to

time some camphor may be allowed to evaporate on a hot iron, so that if the mouth should be closed by trismus and he can swallow nothing, he may draw in enough of camphor vapor with his breath.

“The quicker all this is done at the first onset of the first stage of the disease, the more rapidly and certainly will the patient recover; often in a couple of hours warmth, strength, consciousness, rest and sleep return and he is saved.

“If this period of the commencement of the disease so favorable to recovery and speedy cure by the above indicated employment of *Camphor* has been neglected, then things look worse; then *Camphor* is no longer serviceable. There are more cases of Cholera, especially in the northern regions, where this first stage, with its tonic, spasmodic character, is

hardly observable and the disease passes instantly into the second stage of clonic spasmodic character; frequent evacuations of watery fluid, mixed with whitish, yellowish or reddish flakes, and, along with insatiable thirst and loud rumbling in the belly, violent vomiting of large quantities of the same fluid, with increased agitation, groaning and yawning, icy coldness of the whole body, even of the tongue, and marbled, blue appearance of the arms, hands and face; with fixed, sunken eyes, diminution of all the senses, slow pulse, excessively painful cramp in the calves and spasms of the limbs. In such cases the administration of a drop of camphor spirit every five minutes must only be continued so long as *decided* benefit is observable (which, with a remedy of such rapid action as *Camphor*, manifests itself within a quarter



of an hour). If in such cases decided benefit is not soon perceived, then no time must be lost in administering the remedy for the second stage.

“The patient is to get one or two globules of the finest preparation of *copper* (prepared from metallic copper in the mode described in the second part of my work on *Chronic Diseases*) thus: *Cuprum*, moistened with water and introduced into his mouth every hour or every half-hour, until the vomiting and purging diminish and warmth and rest are restored. But nothing else at all must be given besides; no other medicine, no herb tea, no baths, no blisters, no fumigation, no venesection, etc., otherwise the remedy will be of no avail. Similar good effects result from the administration of as small a portion of white hellebore (*Veratrum album*); but the preparation of copper is much to be

preferred, and is more serviceable, and sometimes a single dose is sufficient which is allowed to act without a second being given, as long as the patient's state goes on improving.

“The wishes of the patient of all kinds are only to be indulged in moderation. Sometimes, when aid is delayed many hours, or other and improper remedies have been administered, the patient falls into a sort of typhoid state with delirium. In this case *Bryonia* alternately with *Rhus tox.* proves of eminent service.

“The above preparation of copper, together with good and moderate diet, and proper attention to cleanliness is the most certain preventive and protective remedy: those in health should take, once every week, a small globule of it (*Cuprum*) in the morning fasting, and not drink anything immediately afterwards, but this should

not be done until the Cholera is in the locality itself, or in the neighborhood. The health of the individual will not be in the least disturbed by this dose.

“*Camphor* cannot preserve those in health from Cholera, but only the above preparation of copper; but when the latter is taken the vapor of *Camphor* must be avoided as it suspends the action of the copper.”

## CHAPTER VII.

### HINTS AND COMMENTS.

Dr. J. P. DAKE, an old and experienced homœopathic physician of Nashville, Tenn., says of *Cuprum* as a prophylactic against taking the Cholera: “I have given it to thousands of persons during the preva-

lence of Cholera in 1849, 1850, 1854 and 1873, as a preventive, and have never known one of them to take the disease while under its influence. It has been successfully employed in Europe, North, Central and South America as a preventive. Statistics in its favor are abundant."

Dr. Burq, a French physician, observed that workers in copper were almost totally exempt from Cholera.

As a preventive take *Cuprum* 6, half a dozen pellets, every other day when Cholera appears.

Of *Camphor*, Dr. J. P. Dake says: "In regard to Camphor, I must say that it has saved more in jeopardy with Cholera than any other remedy in the world."

At the risk of repeating, in substance, we here quote the picture of true Cholera drawn by the terse yet master hand of Raue (*Special Pa-*

*thology and Therapeutic Hints*, p. 512):  
“A true case of Cholera exhibits the following symptoms: Being preceded in most cases by profuse diarrhœic stools, the bowels are quickly emptied of their contents. The discharges change to a rice-water-like fluid, and are accompanied by profound prostration. Upon drinking follows vomiting, at first of the contents of the stomach and afterwards of mere watery substances, slightly tinged with yellow. The weakness of the patient increases rapidly and his voice becomes husky. The discharges now take place involuntarily, the secretion of urine ceases. To the insatiable thirst associate great anguish and oppression of the chest and in the pit of the stomach, and most painful cramps in the calves of the legs and in the bowels. The aspect of the patient has by this time changed fearfully.

The eyes have sunk into their orbits, the nose has become pointed and the cheeks fallen in. The skin on the fingers is wrinkled like that of washer-women, and if a portion of the skin is pinched, it remains in a fold. The lips, extremities, and genitals assume a bluish, cyanotic color. The pulse is so faint that it can scarcely be felt, and so is the impulse of the heart. The whole surface of the body becomes icy cold. There is no headache, but frequently the patient complains of darkness before the eyes, roaring in the ears, and vertigo."

Bad drinking-water is a most potent cause for the spread of Cholera when it is once established in a community. Suspected water should be boiled and filtered.

The vomit and stool of Cholera should be *at once* disinfected in the vessel in which it is voided.

Clothing, bed linen, and everything connected with a Cholera patient should be disinfected or boiled as soon as possible, as the contagion easily spreads from these.

“I must here put forward a word of warning against over-dosing with *Camphor*. *Camphor* in an over-dose will do harm, and may even kill, as well as Cholera, and in a very similar manner, and just herein lies its homœopathicity to Cholera.”—*Raue*.

If *Camphora* has failed to check the disease it may be difficult for the home practitioner to distinguish between *Veratrum* and *Cuprum*, one of which is almost always indicated. They are best distinguished by the fact that in a *Cuprum* patient the diarrhœa and vomiting are not so prominent while the cramps, pains, spasms, etc., are fully as intense as in the *Veratrum* patient. As Lilienthal

puts it, "*Cuprum* is indicated for the "spasmodic variety. Spasms first in the lower limbs, then in the upper ones, then in the muscles of the abdomen and chest."

Hering says, "in cholera times, never go out on an empty stomach, eat no fresh bread nor sour food." Also, "If the patient gets better and wants to eat, give him gruel and light food, often and only a little at a time. Eating as much as he wants may cost him his life."

"If persons should be subject to continual attacks of diarrhœa, or to a disposition to such attacks, without being much weakened thereby, the trouble may be arrested by *Phosphoric acid*."—Lutze.

Excesses of all kinds should be avoided at all seasons, of course, but during the prevalence of Cholera excesses are to be especially avoided, if one would escape the disease.



*China* is usefully employed against the general debility resulting from Cholera.

*Carbo veg.* is useful during convalescence when there is much flatulence and rumbling in the bowels. It is best to give the remedy in the 30th potency.

Should the case develop typhoid symptoms, *Rhus tox.* and *Bryonia* in alternation will be of great service.

*Arsenicum* is often of special use to patients who have led irregular lives and indulged in excesses. *Burning* in the stomach and sudden and extreme prostration are its keynotes.

*Nux vomica* is useful during convalescence ; stomach disturbances remain and there is frontal headache or aching in the back of the head, with shuddering internal chills.

*Sulphur* is good to complete a cure especially in persons suffering from piles or skin diseases.

Cracked ice in the mouth is good to allay the intense thirst of Cholera patients. Cold water is the best drink.

If the sinking of a cholera patient is arrested, yet he shows no improvement—is neither better nor worse—there is always strong hopes of recovery.

The following hints are from the section on Cholera on Arndt's *System of Medicine* (Dake).

“Avoid sitting and, yet more, sleeping in a draught of air; stay in at night, and take the usual amount of sleep.

“Take no unusual baths; especially avoid bathing in stale and stagnant water.

“Take no unusual exercise, but attend to accustomed business.

“In diet make no sudden changes, except to avoid articles likely to induce diarrhœa.

“Artificial heat, in bricks, irons, bottles of hot water, etc., is of service only in the stage of collapse, after the evacuations and excessive sweating have ceased.”

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## CHAPTER VIII.

### CLINICAL EXPERIENCE AND STATISTICS.

PERHAPS the reader who has followed these pages thus far may think “This is all very well in theory, but what of practice?” For their benefit we append the following clinical cases, experience and statistics.

From that most charming of medical pamphlets, Holcombe's *How I Became a Homœopath* (it may be stated here that Dr. Holcombe was a graduate of one of the most eminent of the old school colleges), we quote :

“In 1849 we were visited by that dreadful scourge, the Asiatic Cholera. It loomed up like a black cloud in the East, and moved westward with frightful rapidity, spreading sorrow and death in its mighty shadow. We prepared for its visitation by earnest thought and study. We mastered the opinions and practice of those who had witnessed the previous epidemics. They were so discordant and unsatisfactory that we faced the great enemy with fearful misgivings of our power to contend with him successfully. In our poor, blind, Allopathic superstition, that diseases are to be cured by their opposites, we exclaimed, ‘What powerful astringents must be needed for such profuse evacuations!—what sedatives for such vomitings!—what antispasmodics for such cramps!—what opiates for such horrible pains!—what heat-producing remedies for such

deathly coldness!—what rapid stimulants for such fearful prostration!—what mighty specifics for such fatal congestions!’ Oh, the bewildering chaos of irrational theories and disgusting polypharmacy.

“So we went to work with all the resources at our command. If there was no bile secreted, it was not for the want of calomel; if the sufferings of the poor patients were not mitigated, it was not for want of opiates; if they sank into fatal prostration it was because brandy and capsicum and ether, and a hundred other stimulants, could not rally them; if they became cold as death, it was because mustard plasters and blisters, and frictions and burning liniments, and steam baths and hot bricks, and bottles and boiled corn, and all the appliances for creating artificial heat from without, were no substitute for the animal heat, which

was no longer generated within. The theories and practices in Cholera, as innumerable as they were contradictory, reveal in the strongest light the fallacies, the absurdities, the *non sequiturs*, the monstrosities of Allopathic philosophy. Future ages of reason and truth will unquestionably class them all with the old negro's prescription for chronic diarrhœa—'Alum and rosin, sir; de alum to fotch de parts togedder, and de rosin to sodder 'em!'"

After describing the fearful death-roll of their practice, he states that rumors reached him of the wonderful success attending the practice of Homœopathy in this disease. So in a crude way he learned their treatment. This is an account of his first patient treated homœopathically:

"I was called up in the middle of the night to see a poor fellow, said to



be dying of cholera, on a flat-boat which had just landed. I found him collapsed; he was cold and blue, with frequent rice-water discharges, and horribly cramped. His voice was husky, pulse feeble and fluttering; he was tossing about continually, begging his comrades to rub his limbs. I immediately wrote a prescription for pills of calomel, morphine and capsicum, and despatched a messenger to a drug-store. This was to be my reserve corps—ready for use if the infinitesimals failed. I consulted the printed direction: they ordered *Cuprum* when the cramps seemed to be the prominent symptom. I dissolved some pellets in a tumbler of water, and gave a teaspoonful every five minutes. I administered the simple remedy, apparently nothing, with incredulity and some trepidation. 'I have no right,' said I to myself, 'to

trifle with this man's life. If he is not better when the pills come, I will give them as rapidly as possible.'

"The messenger had gone for the pills a good way up town. He had been obliged to ring a long while before he could rouse the sleeping apothecary, and it was quite three-quarters of an hour before he rushed on the boat with the precious Allopathic parcel. My patient had become quiet; his cramps had disappeared, and he was thanking me in his hoarse whisper for having relieved him of such atrocious pains. The Allopathic parcel was laid on the shelf. I consulted my printed directions again. *Veratrum* was said to be specific against the rice-water discharges and cold sweats, which still continued. I dissolved a few pellets of *Veratrum*, and ordered a teaspoonful every ten or fifteen minutes unless the patient



was asleep. Before I left the boat, however, an Allopathic qualm came over me, sharp as a stitch in the side, and I left orders that if the man got any worse, the pills must be given every half hour till relieved, and I might have added—or dead.

“I retired to my couch, but not to sleep; like Macbeth, I had murdered sleep—at least for one night. The spirit of Allopathy, terrible as a nightmare, came down fiercely upon me, and would not let me rest. What right had I to dose that poor fellow with Hahnemann’s medicinal moonshine, when his own faith, no doubt, was pinned to calomel and opium, and all the orthodox pills, potions, poultices, and porridges! I had not told him that I was going to practice Homœopathy on him. His apparent relief was probably only a deceitful calm. Perhaps he was at that moment

sinking beyond all hope, owing to my guilty trifling with human life. He was a drowning man, calling for help, and I had reached him only a straw! I was overwhelmed with strange and miserable apprehensions. I longed for the morning like a sick man, for I *was* sick in conscience and at heart.

“I left my bed of thorns at day-break and hurried to the boat, trembling with fear lest I should find the subject of my rash experiment cold and dead. He was in a sweet sleep. The sweating and diarrhœa had disappeared, and a returning warmth had diffused itself over his skin. He was out of danger; and he made the most rapid convalescence that I had ever witnessed after cholera. I was delighted: a burden had been lifted from my heart—a cloud from my mind. I began to believe in homœopathy. I felt like some old Jew who had wit-

nessed the contest between Goliath and David. How amazed he must have been when the great giant, who could not be frightened by swords or bludgeons or brazen trumpets, fell before the shepherd boy, armed only with a little pebble from the brook!"

This was his first case, yet it was several years before he had the nerve to break away from the old traditions. His next experience is related as follows:

"I was returning to Cincinnati, refreshed and invigorated by my excursion, when the Cholera broke out among the German immigrants, who crowded the lower deck of the steamboat on which I had taken passage. The clerk of the boat, a personal friend, came to me and told me that I was the only physician on board, and requested my assistance for these poor people. I was surveying the medical stores in

the large brass-bound mahogany chest which our river boats always keep, when the clerk remarked to me, 'Ah, doctor, I have got a better medicine chest than that, from which I select remedies for such passengers as have good sense enough to prefer homœopathy to allopathy.' With that he brought out a nice little homœopathic box, and I determined at once to make a grand homœopathic experiment on our Teutonic travellers. I committed the same ethical impropriety which saved the life of my flat-boatman; but I made the fact that I had no confidence in allopathy for Cholera, and the wishes of the officers of the boat, my excuse.

"We put every new case on *Tincture of Camphor*, one drop every five minutes—enjoining absolute rest and strict diet. The fully formed cases were treated with *Cuprum, Veratrum*

and *Arsenic*, according to the symptoms. Many cases of Cholera were immediately arrested. Thirteen passed into fully developed Cholera, of which two were collapsed. There was not a single death."

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The following clinical cases are taken from Joslin's work:

"On Monday, June 4th, Mr. S., a mechanic, aged forty, residing in the upper part of the city, dined later than usual on stewed kidneys, of which he made his meal. The night following, he was disturbed several times in his sleep by a diarrhœa, with colic before evacuation. The next day, June 5th, it increased; and on the morning following, June 6th, feeling more unwell, he sent for Edward Bayard, M.D. He found the patient vomiting and purging; profuse watery discharges

without smell or color; cold sweat over the body, more particularly on the forehead; skin shriveled and blue; tongue and breath cold; pulse scarcely perceptible at the wrist; throwing his arms about with excessive restlessness; complaining of cramps in the region of the stomach and in the calves of his legs; voice sepulchral. Dr. Bayard gave him a drop of the tincture of *Camphor* in a tablespoonful of water every fifteen minutes for three times, which produced no visible effect. He then dissolved a few pellets of the thirtieth dynamization of *Veratrum* in a tumbler one-third full of water, and gave a tablespoonful of the mixture, and in thirty minutes repeated the remedy. The pulse rose, and likewise the temperature of the body. On the third dose the vomiting became frothy, indicative of the action of the medicine. The remedy was then discon-

tinued. In a short time, reaction fully set in, and in a few days the patient was entirely restored to health."

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"Tuesday, July 3d, Mrs. C., aged about 32, had had more than forty stools in thirty-six hours. Had taken of her own accord, six one-drop doses of *Camphor*, and twelve more this evening at intervals of five minutes. At eleven and a quarter P.M., I was called in great haste, and at eleven and a half found her. Nausea, with much effort avoided vomiting. The diarrhœa continued; the stools liquid. Pain and tenderness of the abdomen, in which were rumblings of gas and sound of running liquid. She had suffered much pain there on both days. The noises in the abdomen had commenced at the midnight preceding the attack, and after unusual fatigue on

the preceding day. Feet cold; hands cool. Transient chilliness alternating with heat. She has felt unusually cold this season.

“*Prescription.*—One *Verat.*<sup>12</sup> dry, then *Verat.*<sup>30</sup> in solution, a dose after each evacuation.

“The nausea was for a few minutes increased after the *Veratrum*<sup>12</sup>. Normal warmth returned to the feet soon after its administration.

“Wednesday, 11 $\frac{3}{4}$  A.M., the third day of the disease, and the second of my treatment.

“After one dose of *Verat.*<sup>12</sup> there has been no stool till this morning, when there were two, but of a very different character from the former, *i.e.*, not liquid, but merely soft. Tenderness of abdomen much relieved—now but slight. Feet cold. The patient feels greatly prostrated—requires the recumbent posture.



“ Ordered beef broth, and solution of *Veratrum*<sup>30</sup> *pro re nata*, as before. On the following day, the patient was convalescent. *Veratrum*<sup>30</sup> was once more prescribed, and the recovery was complete under its action.”

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“ A nephew of Madame Hahnemann, and son of Mr. D'H., 16 months old, still at the breast, awoke out of sleep at 12 o'clock, on the night of the 15th of June, with vomiting, forcibly ejecting the contents of the stomach 'with a jerk.' This vomiting was repeated every few minutes, for about an hour and a half, becoming more watery, until it appeared like pure water. Edward Bayard, M.D., saw the patient at one o'clock that night. Eyes sunken, with dark, bluish circles around them; features pinched. Relaxation and heaviness

over the whole body; extreme languor, with total apathy except at the time of vomiting. Marbly cold sweat on the face and upper parts of the body, with dryness of the feet and legs. The mother, after consulting Dr. Joslin's book, had administered five one-drop doses of *Camphor*, at intervals of five minutes.

“Dr. Bayard believing that the child was oppressed by the power of the drug, determined to wait for the reaction for thirty minutes. About the expiration of that time, the mother remarked that the child was dying; and it was evident that the symptoms were becoming more intense. The Doctor believing that *Camphor* was still indicated, determined to give the third dilution, of which he had a few pellets in his box. Three dry pellets of this dilution were placed upon the child's tongue. He vomited once after

taking it; the vomiting then ceased. In thirty minutes the dose was repeated. The sweat dried up, the apathy and languor passed away; and in an hour after taking the first dose, the child rose up and played. So convinced was the mother that her child had been plucked as it were from the jaws of death by the small dose, that she fell upon her knees and thanked God for the gift of Homœopathia.

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“A young unmarried man, recently engaged in painting, was attacked with *Spasmodic Cholera*, on Tuesday, February 27th, about five o'clock in the evening. Feeling, at first, spasms in the shoulder, he took an allopathic dose of tartar emetic; in an hour or two he vomited; then had a few loose stools; then vertigo, and considerable

deafness; then tonic spasms, excited and increased by movement of the parts. The spasms commenced in the calves, and extended to the whole inferior extremities, the abdomen and the stomach. Painful tonic spasms rendered the lower limbs inflexible. The vertigo and deafness continued with the spasms. The patient was deaf, more especially to the sound of his own voice, the hearing of which seemed to him prevented by the rumbling of his voice in his head. Great thirst. Vomiting once more of a watery liquid with mucus, part of the ejected liquid being of a milky white color. The fluid spirted from the mouth to the distance of about two yards, as estimated, in a horizontal direction. The spasms continued, with marbly coldness of the feet, chin, nose and tongue; face bluish-pale.

*“Treatment and effects.—Tincture of*

*Camphor* in five doses, too large, and at intervals too long, had been given by the family, in about eighty minutes that elapsed before my arrival. These were without apparent effect. I gave a single drop dissolved in sugared water, once in five minutes. The spasms were in some degree mitigated in two hours after the first administration of *Camphor*, or forty minutes after commencing the use of it in small doses—of which eight were given. Then *Cuprum*<sup>30</sup> was given, in doses of three globules each, in a dry state. The first dose of *Cuprum* produced a very decided mitigation of the spasms, restored warmth to the chin and prevented the recurrence of the vomiting. Two more doses of this medicine at intervals of an hour, removed the spasms entirely. Another dose of it was given an hour afterwards to pre-

vent their return. The spasms never returned. No real diarrhœa occurred till next morning, when there were two watery stools, for which was given *Verat.*<sup>30</sup> in solution. The patient, when visited on that morning (Wednesday, the second day), was already sitting up and feeling comfortable. The last dose of *Veratrum* was taken on the following morning, Thursday, the third day, when he was well.

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“A girl, aged  $7\frac{1}{2}$  years. was attacked about  $4\frac{1}{2}$  P.M., Thursday, August 16th. The disease commenced with diarrhœa and vomiting. Was seen before the collapse was complete. Then took one-drop doses of tincture of *Camphor*, afterwards some doses of *Camphor*”, then was treated

with *Veratrum*<sup>30</sup>. She was in collapse within two or three hours from the commencement of the first symptoms of disease. Pulseless. Voice nearly lost. Tongue, face and limbs cold. Cramps. Urine suppressed. In the evening she was put under *Carbo veg.*<sup>30</sup> and *Cuprum-metal.*<sup>30</sup>, alternately every half an hour.

“Friday, the second day, in the morning.—After remaining in this state of collapse for twelve hours, entirely pulseless, reaction came on in the morning, under the continued use of the *Carb. v.*<sup>30</sup> and *Cupr.*<sup>30</sup> given as above mentioned. The pulse and voice were restored and the tongue and most of the skin acquired a temperature nearly normal. The same treatment was continued.

“Saturday, the third day. A stool nearly normal, except as to consistence, which was that of mush—*i.e.*,

semi-fluid. Reaction about complete. Temperature normal. The recovery was soon complete.

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The following statistics of Cholera cases are compiled from Cockburn's *Medical Reform*. The figures are from official reports :

ALLOPATHIC.

	Cases.	Deaths.	Death-rate.
Bavaria, . . . .	12,703	6,163	48.5
Paris, . . . .	6,543	3,374	51.5
Dundee, . . . .	157	87	55.5
Stockholm, . . .	4,143	2,447	59.7
Christiania, . . .	2,318	1,506	65.0
Helsingfors, . . .	3,328	1,607	48.2
Copenhagen, . . .	7,515	4,047	55.2
Paris Hos., . . .	4,203	3,144	74.7
Sweden, . . . .	1,165	735	63.0
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Total, . . . .	42,125	23,110	54.8



## HOMŒOPATHIC.

	Cases.	Deaths.	Death-rate.
Bavaria, . . . .	1,269	85	6.7
Liverpool, . . .	175	45	24.7
Edinburgh, . . .	173	48	27.7
Glasgow, etc., . .	76	6	8.0
Vienna, . . . .	380	49	12.5
Bohemia, . . . .	1,093	95	8.7
Paris and Berlin,	3,016	264	8.7
Russia, . . . .	1,270	108	8.5
Cincinnati, O.,	1,116	35	3.0
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Total, . . . .	8,568	735	8.5

The total Cholera statistics of Europe, as gathered by Dr. Jal of St. Petersburg, are as follows :

## ALLOPATHY.

Cases.	Deaths.	Death-rate.
901,413	462,581	51.3

## HOMŒOPATHY.

Cases.	Deaths.	Death-rate.
16,436	1,448	8.8

These include all cases up to the year 1840.

Many pages of figures and statistics might be added to the foregoing, and all to the same effect; but what is given suffices to show the difference between the homœopathic treatment, based as it is on rationality, sound reason and the laws of nature, and the allopathic, or so-called "regular" treatment based purely on tradition and current empiricism.

