

NOTES ON CHOLERA

BY
HAHNEMANN AND OTHER MASTERS OF
HOMŒOPATHY

Collected & Arranged by

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Notes on Cholera.

At the present time, when cholera is only separated from us by the "silver streak" it may interest our readers to see what Hahnemann, guided by the therapeutic rule he discovered, and before he had seen a single case of the disease, said as to its treatment. The first article, which he communicated to a medical periodical in the autumn of 1831, lays down accurately and precisely the medicinal treatment to be adopted, and which was acted on by his adherents everywhere in Europe with a success that excited the admiration of the world, and led to the removal of the prohibitions of homœopathy and of the obstacles to its free practice which had hitherto disgraced many of the European states.

The second article, which was published as a pamphlet soon afterwards, is more concerned with the hygienic measures to be used for the prevention of cholera, and incidentally describes the treatment of it in its first stage by *camphor*. In this essay, Hahnemann anticipates, by sixty years, the very

modern doctrine that cholera is propagated by extremely minute organisms, described by Koch and named by him the "comma bacillus." If this doctrine is true—and it is generally held by pathologists, though that of course is no guarantee of truth, as the theories of pathologists are constantly changing—to Hahnemann must be assigned the credit due to the originator of an ingenious theory.

There could be no more convincing proof of the truth of the great therapeutic rule with which Hahnemann's name is indented, than the fact, that by it he was enabled before seeing a case, and from a mere description of the symptoms, to indicate the medicines that should prove remedial, and which the experience of all, who have employed them proved to be successful in a new and strange disease. Nothing like this can be predicated of the allopathic system. The practitioners of the old school were completely at a loss what to do when the cholera first invaded Europe. They tried first one thing, then another. Blood-letting, opium, mercury, injections of salt into the veins, heat, cold, alcohol, purgatives, astringents—in short, every imaginable remedy was tried, with what result? A negative one only, that all were equally useless, and when the results differed, that was only because some remedies killed the patients more quickly than if they had been left alone. Not a scrap of useful information was gained, as to how the disease should

be treated, so that at each succeeding invasion of the epidemic, practitioners were as much at a loss, how to treat it as their predecessors had been on the first invasion of the disease, and the same futile round of useless or hurtful means—with the exception, perhaps, of blood-letting, which for the present has gone out of fashion—was tried with equally unsatisfactory results. On the other hand the followers of Hahnemann were fully prepared to meet every fresh epidemic of cholera, and they found that the medicines pointed out by the master sixty years ago were equally efficacious at every recurrence of the disease. Nothing could teach more impressively the scientific character of homœopathy and the unscientific character of its ancient rival, than the certainty with which homœopathy meets any new and strange disease, and the pitiable helplessness of allopathy in the presence of any unfamiliar malady.

The very latest experience we have had of cholera in Hamburg shows that while homœopathy is ready with its *camphor*, *veratrum* and *cuprum* to encounter successfully the most serious cases, the old school flounders about with its calomel, opium, lactic acid and injections of camphorated oil and salt water, only to find that its old remedies, and any new ones it may have taken a fancy to try, are as inefficient to cure as ever, so that its mortality remains nearly as high now as it was in 1831,

any difference in favour of the treatment of to-day being owing to its having abandoned the more violent remedies it revelled in a few decades ago. So we may say of allopathy, that though it does not cure more cases of cholera, it does not kill quite so many as it used to do.



1.

CURE AND PREVENTION OF THE ASIATIC CHOLERA.

Preliminary.

A recipe has been given to the world which proved so efficacious in Dunaburg in the Asiatic cholera, that of ten patients but one died. The chief ingredient is *camphor*, which is in ten times the proportion of the other ingredients. But not a tenth—nay, not one in a hundred—of the patients would have died had the other ingredients, which were but injurious and obstructing, and the venesection been left out, and the *camphor* been given alone, and always at the *very commencement of the disease, for it is only when given alone, and at the first invasion of the disease, that it is so marvellously useful.* But if physicians come, as usual, too late to the patient, when the favourable 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 Galicia and Hungary from non-medical persons who have restored their friends, as if by magic, by giving *camphor* as advised by me, *the instant they became ill*

Where the cholera first appears, it usually comes on at the commencement of its first stage (with tonic spasmodic character); the strength of the patient suddenly sinks, he cannot stand upright, his expression is altered, the eyes sunken, 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 are visible in his looks; half stupefied and insensible, he moans or cries in a hollow, hoarse tone of voice, without making any distinct complaints, except when asked; burning in the stomach and gullet, and cramp-pain in the calves and other muscles; on touching the precordial region he cries out; he has no thirst, no sickness, no vomiting or purging.

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* (made with one ounce of *camphor* to twelve of alcohol) 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 the chest of the patient ; he may also get a clyster of half-a-pint of warm water, mingled with two full teaspoonfuls 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* vapour 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 favourable 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, moreover, cases of cholera, especially in 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 evacuation of watery fluid, mixed with

* There were cases of patients for whom *camphor* had not been employed, who had apparently died in the first stage and were laid out for dead, in whom sometimes a finger was seen to move ; in these some *camphor*-spirit, mixed with oil, and introduced into the mouth, recalled the apparently dead again to life.

whitish, yellowish, or reddish flakes, and, along with unsatiable 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* ^{0,00}x, moistened with water, and introduced into his mouth

* If the dear and scarce (frequently falsified) *cajput oil* be actually so serviceable in the Asiatic cholera, that out of ten scarcely one died, it must owe this quality to its camphor-like property (it may almost be regarded as a fluid *camphor*, and to the circumstance that from the copper vessels in which it is imported from the East Indies it takes up some portion of copper, and hence, in its unpurified state, it is of a bluish green colour. It has, moreover, been found in Hungary that those who wore next to the skin of their body a plate of copper were exempt from infection, as trustworth intelligence from that country informs me.

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 beside; no other medicine, no herb tea, no baths, no blisters, no fumigation; no venesection, &c., 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* $0,00x$); 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 stage 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* $00x$, alternately with *rhus tox* $00x$, 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 (*cupr.* $0x$) in the morning, fasting, and not drink anything immediately afterwards, but this should not be done

* Similar affections resulting from immoderate repletion of the stomach with indigestible nutriment, are best removed by a few cups of strong *coffee*.

until the cholera is in the locality itself, or in the neighbourhood. The health of the individual will not be in the least disturbed by this dose. I shall not, but any other homœopathic practitioner may, tell where the above medicines may be procured, excepting the *camphor*, which, like the alcohol, may be had at every chemist's shop.

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

Coethen,
Sept. 10th, 1831.

} SAMUEL HAHNEMANN, Hofrath.

II.

THE MODE OF PROPAGATION OF THE ASIATIC CHOLERA.

Two opinions exactly opposed to each other prevail on this subject. One party considers the pestilence as only epidemic, of atmospheric-telluric nature, just as though it were merely spread through the air, from which there would, in that case, be no protection. The other party denies this, and holds it to be communicable by contagion only, propagated from one individual to another.

Of these two opinions, one only can be the right one, and that which is found to be the correct one will, like all other truths, exercise a great influence on the welfare of mankind.

The first has the most obstinate defenders, who adduce the fact that when the cholera has broken out at one extremity of the town, it may the very next morning be raging at the other extremity, consequently the infection can only be present in the air; and that they (the physicians) are in their own persons proofs of the non-contagious character of cholera, seeing that they generally remain unaffected by it and in good health, although they are daily in personal communication with those dying of cholera, and have even tasted the matter

they ejected and the blood out of their veins, lain down in their beds, and so forth. This foolhardy, disgusting procedure they allege to be the *experimentum crucis*, that is to say, an incontrovertible proof of the non-contagious nature of cholera, that it is not propagated by contact, but is present in the atmosphere, and for this reason attacks individuals in widely distant places.

A fearfully pernicious and totally false assertion !

Were it the fact that this pestilential disease was uniformly distributed throughout the atmosphere, like the influenza that recently spread over all Europe, then the many cases reported by all the public journals would be quite inexplicable, where small towns and villages in the vicinity of the murderously prevalent cholera, which, by the unanimous effort of all their inhabitants, kept, themselves strictly isolated, like a besieged fortress, and which refused to admit a single person from without—inexplicable, I repeat, would be the perfect exemption of such places from the ravages of the cholera. This plague raged fiercely over an extensive tract on the banks of the Volga, but in the very middle of it, Serepta, which had strictly and undeviatingly kept itself secluded, remained perfectly free from the cholera, and up to a recent period, none of the villages around Vienna, where the plague daily carries off a large number of victims, were invaded by cholera, the peasants of these villages having sworn to kill any one who ventured

near them, and even to refuse to permit any of the inhabitants who had gone out of the villages to re-enter them. How could their exemption have been possible had the cholera been distributed throughout the atmosphere! And how easy it is to comprehend their freedom from it seeing that they held aloof from contact with individuals.

The course followed by the cholera in every place it traversed was almost uniformly this: That its fury showed itself most virulently and most rapidly fatal at the commencement of its invasion (evidently solely because at that time the miasm encountered none but unprepared systems, for which even the slightest cholera miasm was something quite novel, never before experienced and consequently extremely infectious); hence, it then infected persons most frequently and most fatally.

Thereafter the cases increased and with them at the same time, by the communication of the inhabitants among each other, the quantity of diluted miasm, whereby a local sphere of cholera miasm exhalation was formed in the town, to which the more or less robust individuals had an opportunity of becoming gradually accustomed and hardened against it, so that by degrees always fewer inhabitants were attacked by it and could be severely affected by it (the cholera was then said to take on a milder character), until at last all the inhabitants were almost uniformly indurated against it, and thus the epidemic was extinguished in this town.

Did the miasm only exist in the general atmosphere, the cases could not be less numerous at last than they were at the commencement, for the same cause (said to be the general atmospheric constitution) must have remained identical in its effects.

The *only* fact brought forward by Hufeland against my proofs (viz., that on board an English ship in the open-sea, about the latitude of Riga, that had had no (?) communication with the town, two sailors were suddenly seized with the cholera) proves nothing, for it is not known how near the ship came to an infected town, Riga, so that the sphere of the miasm-exhalation from the town, although diluted, might yet have reached and infected the sailors, who were still unused to the miasm, especially if they, as is so often the case, were rendered more susceptible to it from intemperance.

The most striking examples of infection and rapid spread of cholera take place, as is well known and as the public journals likewise inform us, in this way: On board the ships—in those confined places, filled with mouldy watery vapours, the cholera miasm finds a favourable element for its multiplication, and grows into an enormously increased brood of those excessive minute, invisible, living creatures, so inimical to human life, of which the contagious matter of the cholera most probably consists—on board these ships, I say, this concentrated aggravated miasm kills several of the crew; the others, however, being frequently exposed to the danger of infection

and thus gradually habituated to it, at length become fortified against it, and no longer liable to be infected. These individuals, apparently in good health, go ashore, and are received by the inhabitants without hesitation into their cottages, and ere they have time to give an account of those who died of the pestilence on board the ship, those who approach nearest to them are suddenly carried off by the cholera. The cause of this is undoubtedly the invisible cloud that hovers closely around the sailors who have remained free from the disease, and which is composed probably of millions of those miasmatic animated beings, which, at first developed on the broad marshy banks of the tepid Ganges, always searching out in preference the human being to his destruction, and attaching themselves closely to him, when transferred to distant and even colder regions become habituated to these also, without any diminution either of their unhappy fertility or of their fatal destructiveness.

Closely but invisibly environed by this pestiferous matter, against which, however, as has been observed, his own individual system is, as it were, fortified by the long resistance of his vital force to its action, and by being gradually habituated to the inimical influence surrounding him, such a sailor (flying from the corpses of his companions on board) has often gone ashore apparently innocuous and well, and behold! the inhabitants who hospitably entertain him, and first of all those who come into immediate

contact with him, quite unused to the miasm, are first most rapidly and most certainly attacked without any warning, and killed by the cholera, whilst of those who are more remote, such only as are unnerved by their bad habits of life are liable to take the infection. Those who are not debilitated, and who have kept at some distance from the stranger, who is surrounded by the cholera miasm, suffer only a slight attack from the miasmatic exhalation hovering about in a more diluted form ; their vital force could easily ward off the weaker attack and master it, and when they subsequently came nearer it, their system had by this time become somewhat habituated to the miasm, retained the mastery over it, and even when these persons at length approached nearer or quite close to the infected stranger, their vital force had thus gradually become so fortified against it, that they could hold intercourse with him with perfect impunity, having now become completely uninfected by the contagious principle of cholera. It is a wonderfully benevolent arrangement of God that has made it possible for man to fortify himself against, and render himself unsusceptible to, the most deadly distempers, and especially the most fatal of them all, the infectious principle of cholera, if he gradually approaches it ever nearer and nearer, allowing intervals of time to elapse in order to recover himself, provided always that he has an undebilitated body.

When first called to a cholera patient, the physician, somewhat timid as yet, as is but reasonable,

either tarries at first in the antechamber (in the weaker atmosphere of the miasmatic exhalation), or if he enter the patient's room, prefers keeping at some distance, or, standing at the door, orders the the nurse in attendance to do this or the other to the patient ; he then prudently soon takes his departure, promising to return again shortly ; in the meantime he either goes about a little in the open air, or goes home and has some refreshments. His vital force, which at the first short visit, at some distance from the patient, was only moderately assailed by the diluted miasm, recovers itself completely in the meantime by this recreation, and when he again comes into the patient's room approaches somewhat nearer to the patient, it soon by practice comes to resist more powerfully the more concentrated infectious atmosphere that exists closer to the patient, until at length, from frequent visits and a nearer approach to the patient, it attains a mastery over the assaults of the miasm, so that at last the physician is completely hardened against even the most poisonous cholera miasm at the bedside, and rendered quite uninfected by this pestilence ; and the same is the case with the nurse who goes as cautiously and gradually to work.

Both the one and the other then boast, because they can come into immediate contact with the patient without any fear and without any ill consequence, that they know better than to call the disease contagious. It is not, they say, the least catching.

This presumptuous, inconsiderate and perfectly untrue assertion has already cost thousands their lives, who, in their ignorance, and quite unprepared either approached the cholera patient suddenly or came in contact with these cholera physicians (who do not treat with *camphor*) or the nurses. For such physicians and nurses, fortified in this manner against the miasm, now take away with, in their clothes, in their skin, in their hair, probably also in their breath, the invisible (probably animated) and perpetually reproductive contagious matter surrounding the cholera patient they have visited, and this contagious matter they unconsciously and unsuspectingly carry along with them throughout the town, and to their acquaintances, whom it unexpectedly and infallibly infects, without the slightest suspicion on their parts of its source.

Thus the cholera physicians and nurses are the most certain and frequent propagators and communicators of contagion far and wide : and yet amazement is expressed, even in the public journals, how the infection can spread so rapidly the very first day, from the first cholera patient, at the one end of the town, to persons at the other end of the town, who had not come near the patient !

And thus the flame for the sacrifice of innocent persons breaks out in all corners and ends of the town, lighted up by the sparks of the black death scattered in every direction by physicians and their assistants ! Every one readily opens the door to

those plague propagators; allows them to sit down beside him, putting implicit faith in their confidently declared assurance, "that it is ridiculous to call the cholera contagious, as the cholera pestilence is only diffused epidemically through the air and cannot, therefore, be infectious;" and see! the poor cajoled creatures are rewarded for their hospitality with the most miserable death.

To the very highest people of the town and of the court the cholera angel of death obtains access, in the person of the physician who gives this evil counsel, enveloped by the fresh miasm; and no one detects the concealed invisible, but, for that reason, all the more dangerous enemy.

Wherever such physicians and such nurses go (for what all-seeing eye could perceive this invisible danger on these healthy miasm bearers)—wherever they go, their presence communicates the spark, and mortal sickness bursts forth everywhere, and the pestilence depopulates whole town and countries!

If physicians would but take warning and, rendered uninfected by taking a few drops of camphorated spirits (ever so quickly), approach the cholera patient, in order to treat him at the commencement of his sickening with this medicine (*pure, unadulterated camphorated spirit*), which alone is efficacious, and which most certainly destroys the miasm about the patient, by giving him, as I have taught,* every five minutes, one drop of it, and in

* See preceding article.

the interval assiduously rubbing him on the head, neck, chest and abdomen with the same medicine poured into the hollow of the hand, until all his giddy, faint powerlessness, his suffocative anxiety and the icy coldness of his body has disappeared and given place to reviving animation, tranquillity of mind, and complete return of the vital warmth—if they would but do this, then *every* patient would not only be *infallibly* restored within a couple of hours (as the most undeniable facts and instances prove), but by the cure of the disease with pure *camphor*, they would at the same time eradicate and annihilate the miasm (that probably consists of innumerable, invisible living beings) in and about the patient, about themselves, even in the clothes, the linen, the bed of the patient (for these all would be penetrated by the vapour of the *camphor* if it were employed in this way), in the very furniture and walls of the apartment also, and they themselves (the physicians and nurses) would then carry of none of the contagious principle with them, and could no longer infect persons throughout the town.*

* The sprinkling of suspected strangers on their arrival, and of suspected goods and letters with *camphor* spirit, would most certainly destroy the cholera miasm in them. Not a single fact goes to prove that *chlorine* annihilates the miasm of cholera; it can only destroy odorous effluvia. But the contagious matter of the Asiatic cholera is far from being an odorous effluvia. What good, then, do the fumigations with *chlorine*, which is here perfectly useless, and only hurtful to man's health?

But these physicians, as we see, despise this ; they prefer going on killing their patients in crowds by pouring into them large quantities of aqua fortis and opium, by blood-letting and so forth, or giving the *camphor* mixed with so many obstructing and injurious matters, that it can scarcely do any good, solely to avoid giving the simple, pure (efficacious) solution of *camphor*, because the reformer of the old injurious system of treatment (the only one they know), *because I*, from conviction, recommended it in the most urgent manner in all countries of Europe. They seem to prefer delivering over all mankind to the grave-digger, to listening to the good counsel of the new purified healing art.

But who can prevent them from acting so, as they alone possess the power in the State to suppress what is good ?

However, bountiful Providence has provided a beneficent remedy for this state of things (for these physicians are protected, even in their ill deeds, by antiquated injurious laws).

Thus, the cholera is most surely and easily and almost miraculously curable ; but only in the first couple of hours from the commencement of the sickening, by means of the employment of pure *camphor*, and that before the physicians in larger towns that are summoned can attend. But on their arrival they may even then, by the employment of unadulterated *camphor* spirit, if not cure the cholera

completely (for the lapse of a few hours generally makes it too late to do so), yet annihilate the whole of the contagious principle of this pestilence on and about the patient, and adhering to themselves and the bystanders, and cease to convey the miasm with them to other parts of the town. Hence the families of non-medical persons, by means of this employment of *camphor*, cure the members of their families by thousands in secret (the higher classes alone, must, *on account of their station*, be under the necessity of calling in the physician, who in defiance of the philanthropic reformer of the healing art and his efficacious system of treatment, not infrequently, with his improper remedies, dispatches them to Orcus).

It is members of a family alone that can most certainly and easily mutually cure each other with camphor spirit, because they are able instantaneously to aid those taken ill.

Will physicians ever come to comprehend what is essential, and what will at once put a stop to the devastation and depopulation of two quarters of the globe ? *Dixi et salvavi animam !*

Coethen, October 24th, 1831. SAMUEL HAHNEMANN.

It will be observed that in his recommendation of *camphor* for cholera, Hahnemann nowhere alleged

that it is homœopathic to the disorder in the sense of showing in its action on the human body symptoms similar to those observed in cholera, though there is doubtless a certain resemblance of some of its symptoms to certain of the phenomena observable in the epidemic disease, or rather in its preliminary stages. But Hahnemann seemed to think that *camphor* was so peculiarly efficacious in the early stage of cholera, owing to its power to destroy the minute living organisms which he conceived to be the cause of cholera, that it was in fact by virtue of its "microbicidal" power—to use the modern expression—that it cured, rather than by that of its homœopathic similarity. The very considerable quantity which he recommended to be employed shows that he did not regard it as a homœopathic but rather as a palliative or antagonistic remedy. It is curious to observe that in his recommendation of *camphor* in influenza he employed similar large doses and distinctly asserted that its action in that disease was palliative—not homœopathic.

The success of the camphor treatment of cholera is nowhere so strikingly exhibited as in the treatment of that disease in Naples and its neighbourhood in 1854, by Dr. Rubini and four of his colleagues, by *camphor* alone. The success obtained by these practitioners is quite unexampled in the history of medicine. They treated altogether 541 cases and did not lose one. The cases were soldiers in barracks to whom the remedy was given on the occurrence

of the first symptoms of the disease, and the results are attested by the commanding officers of the regiments, so that we must accept them as absolutely correct without thinking, as Dr. Paris did in his attempted justification of his arbitrary exclusion of the results of the treatment of cholera in the London Homœopathic Hospital, that, "they would compromise the value and utility of our averages of cure."

We have not got any detailed reports of the treatment of cholera in Hamburg in 1892, so we must for the present rest content with the very meagre report of Dr. Hesse in a late No. of the *Allg. hom. Zeitung*, in which he says that the mortality under homœopathic treatment was 20 per cent, while that under allopathy was from 40 to 45 per cent.

OTHER NOTES ON CHOLERA

The fear of an approaching epidemic of cholera will not have been an unmixed evil if it shall lead to the thorough over-hauling of all defective sanitary arrangements at our ports of entry, in our houses, with their adjuncts for the reception and removal of organic *debris*, such as dust-bins and drains, our streets and their sewers, our water supply, and the cisterns in which it is stored. The duties of public bodies and sanitary officers are manifold, and when adequately performed are well calculated to inspire confidence in our safety from zymotic disease; but the very best work of a sanitary authority may be rendered futile by neglect on the part of individual householders. Each member of the community is bound in his own interest, and out of regard for the safety of his neighbour, himself to ascertain and to fulfil his personal duty in the matter of cleanliness in his house and all its surroundings. The sources from whence such knowledge may be obtained are numerous, and the instructions provided are simply worded and clearly given. The National Health Society, in Berners Street, provides cheap handbills

* This tract is taken with some additions and alterations by the author, from the *Monthly Homœopathic Review* for October, 1892.

giving information of this kind, add the College of Physicians has published a circular of similar instructions. The possibility of an invasion of cholera has stimulated inquiry, stirred up that indifference to sanitary matters which is far too common in society and the result of the excitement may well be not merely to prevent the development of an epidemic of cholera, but to diminish the scope for other zymotic diseases and to improve the ordinary health of individuals, rendering them better able to resist the inroads of all forms of acute diseases.

To encourage the prompt adoption of sanitary measures by public bodies and householders, Mr. Ernest Hart, the chairman of the National Health Society, delivered an address *On Cholera and Our Protection from it* at the rooms of the Society on the 1st September. An abstract of his remarks appears in the *British Medical Journal* of the 3rd of September. On points relating to the means necessary to prevent disease Mr. Hart is an authority, and speaks and writes with a thorough knowledge of his subject. If his etiological *theories* are expressed with a degree of confidence that they are *facts*, which is scarcely warranted, they constitute at any rate good working hypotheses. "Asiatic cholera" he said, is a filth disease, which is carried by dirty people to dirty places." Whether this conveys the whole truth as to the origin of cholera, or whether it represents only one factor in the source of the disease, it is a hypothesis which may be accepted with the greatest

advantage. It is on this theory of the origin of zymotic disease that the whole of our sanitation is based ; and this sanitation is a great preserver of public health against diseases of all kinds, while it also increases our power to resist them.

After tracing the progress of the epidemic prevailing at Hamburg, and addressing himself to the possibility of cholera being met with in England he says :—"In so far as we have made clean our water, our habitations, our soil, and our habits, have attended to the warnings of our British leaders of preventive medicine (who have spread this knowledge throughout the world), we shall be safe and we may be fearless ; but we are not wholly clean, and therefore, are not wholly without just fear and reproach." He then briefly alluded to our possessing "three lines of defence"—in our ports, in the Metropolitan Asylums Board and in the vestries and local sanitary authorities of London ; and having deprecated the "administrative disorder" which prevails among these latter, he spoke of "the duties of the citizen." We have already referred to these, but nevertheless quote Mr. Hart's words. "Keep your houses," he said, "your cisterns, your stables, your cowsheds, pigsties and slaughter-houses, your yards, your dustbins, yourselves and your clothing clean : and help your poor neighbours to do so. Boil your water or drink a pure natural table water. Boil your milk (and here he gave an example of a well-defined cholera outbreak spread by contaminated milk). Inspect your

fruit, fish and meat markets. Avoid unsound food and excesses of diet. Feed wholesomely the needy and destitute ; help the poor to be as careful in their homes and habits as you should be in yours. As to contagion, in the ordinary sense, have no fear. Cholera is not 'catching' like infectious fevers or measles or scarlatina. If you take cholera, it will be because yourself or those about you have made you liable to it by neglect."

This is excellent and useful teaching, but when Mr. Hart comes to tender advice as to the medicinal measures adapted to check an attack of cholera—when he refers to the power of drugs to control a fully developed well marked case of Asiatic cholera—his suggestions are not only without value, but are mischievous in so far as they taboo the only remedy which has proved efficient to stop an attack at the commencement, and are calculated to inspire a degree of hopelessness and consequent despression in a patient and his friends, which experience has shown to be as unnecessary as it is undesirable. Sulphuric acid lemonade is, according to Mr. Hart, "a tried and sure preventive" of initatory diarrhoea. The idea which seems to have suggested this medicine is that the cholera bacillus is favoured by an alkaline fluid, and does not live in acid media. On "*camphor solutions*," Mr. Hart said, that no reliance could be placed. This is directly contrary to a large mass of thoroughly trustworthy evidence obtained during the epidemics of 1831-2 on the continent, during these of

1849, 1854, and 1866 in this country, evidence which abundantly proved that at the outset of an attack of cholera, no medicine that was prescribed, more certainly prevented its further development than did *camphor*, given frequently in small doses. It is also directly contrary to the testimony of a great authority in his own school, Dr. Ringer, who says, "Few if any remedies are comparable to *camphor* in summer diarrhœa and cholera. Its benign influence in cholera is most conspicuous, for it generally checks the vomiting and diarrhœa immediately, prevents cramps, and restores warmth to the extremities. It must be given at the very commencement of the disease, and must be administered frequently, otherwise it is useless." (*Handbook of Therapeutics*, tenth edition, p. 404).

"Many people," said Mr. Hart, "poisoned themselves with *camphor* during a late epidemic, as a precaution against cholera." This statement we believe to be a pure invention; we do so, because the records of medical literature do not—so far as a diligent search can discover—contain a single instance of *camphor* poisoning having arisen from the drug being taken for this purpose. That *camphor* is a poison we of course know; but so also is *sulphuric acid*. That, when taken in such quantities as a drachm of the powder, an ounce of the tincture, or, as in the cases related by Dr. (now Sir George) Johnson at the Clinical Society some years ago (*Trans. Clin. Soc.*, vol. vii.), in doses of twenty-five drops of Rubini's

saturated solution, of twenty-four drops or of a tea-spoonful of the same—*camphor* will induce symptoms of poisoning is true enough ; but such doses as these are far removed from any that a person who had sufficient sense to comply with the instructions accompanying a supply of *camphor*, given to check choleraic diarrhœa, would employ. If the use of *camphor* is to be stopped because it may be abused—if its therapeutic value is to be denied because it is a poisonous drug—the use of a large proportion of the drugs in the British Pharmacopœia should on the same ground be put an end to, and their remedial power declared to be *nil* !

It is difficult to credit Mr. Hart with sincerity in his denunciation of *camphor*. The fact of its having been introduced into practice by Hahnemann as a means for cutting short an attack of cholera, and of its having been largely employed for this purpose by homœopathic physicians, and that with a success that is notorious, sufficiently explains his *adimus* against it.

In 1831, Hahnemann wrote as follows regarding cholera :—

"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* (made with one ounce of *camphor* to twelve of *alcohol*) 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."—*Lesser Writings*. p. 846.

Used in this way, the testimony of medical men, clergymen, district visitors, nurses and of house-to-house visitors in a cholera district is unanimous that the power of *camphor* to check the onset of cholera is greater than that of any other measure hitherto proposed for this purpose.

"It is our firm belief, from all we have seen and heard, that *camphor* is an almost infallible remedy for cholera, if given at the very outset of the attack." Such is the result of the experience Dr. Rutherford Russel gained in its use during the Edinburgh epidemic of 1848-9, as expressed by him in his "Treatise on Cholera" (Headland, London, 1842).

In Liverpool, during the same epidemic, two-drachim phials of *spirits of camphor* were given by the Dispensary Committee to 1,530 applicants. In his interesting record of the medical aspects of that epidemic (*Brit. Jl. Hom.*, vol. viii.) the late Dr. Drysdale says that "in a discussion which took place in the Liverpool Medical Institution on the treatment of cholera, one member, who had been one of the house-to-house visitors, volunteered the statement that in his district, which happened to be the one in which the homœopathic dispensary is situated, he found many of the inhabitants provided with small phials of *tincture of camphor*, and that in a considerable number of cases well-marked incipient symptoms of cholera had

been checked by this *camphor*, administered according to the directions given along with it."

The epidemic which prevailed at the East End of London in 1866, furnished abundant evidence of the power of *camphor* to control the early symptoms of cholera. As it is at the very commencement of the illness that *camphor* is useful, its administration is necessarily more or less domestic; the second stage is generally reached ere a medical adviser is called in and then *camphor* is of little service. Hence it is rather to clergymen, missionaries and district visitors, who during an epidemic are constantly in and out of the houses of the poor, whether ill or well, than to medical men, that we have to look for evidence of its value.

In an interesting and instructive account of the mission work accomplished by the late Rev. C. F. Lowder, of St. Peter's, London Dock, during the epidemic of 1866, when alluding to the *tincture of camphor* the author writes. "When this was used in time, on the very first symptoms of the attack, its seldom failed to arrest the disease; of this we had numberless proofs, as there was no difficulty in giving it at once before the medical man was able to attend the case."

Mr. Lewis, a gentleman who devoted his time to visiting among the poor in Spitalfields distributed among them several thousands of small bottles of *tincture of camphor*, together with printed directions for its use. When doing so, Mr. Lewis took the

name and address of every applicant and subsequently visited him. "Wherever," he writes, "it has been resorted to early, it has been successful."

Miss Lowe, a lady who went to reside in a cholera-stricken district for the purpose of ministering to the wants of the poor, wrote:—"I have to express the deepest gratitude to Mr. Lewis for his invaluable gift of *camphor*. He has supplied me abundantly, and I feel that there is no remedy like it, when taken in time. The Bible-woman, labouring in Holywell Lane district under Mrs. Ranyard, has also been supplied, as a free gift by Mr. Lewis, and can testify to many wonderful instances of its power."

These good people, working hard among the poor, in a district overwhelmed with the epidemic, were prepared to use *any* remedy that proved *effectual*. Unlike Mr. Ernest Hart, they had no therapeutic doctrine to decry, none it was their interest, none they were committed to represent as being false. It will, perhaps, be urged by some cynically disposed persons, that they were mistaken in their diagnosis. But with cholera and diarrhœa all around them—with the symptoms so well-marked as they are in these disorders—this is in the highest degree improbable. No! They tried *camphor* in cases over which Hahnemann had predicated its curative power more than thirty years before, tried it honestly, tried it simply, tried it extensively. They found it of service, and their results are, or

at any rate ought, to be, gratifying to every medical man and every philanthropist.

So far, then, from *camphor* solutions being unreliable in the hands of unskilled persons, it is chiefly, if not exclusively, in that stage of cholera which is more frequently witnessed by medically unskilled persons—a stage which unless promptly aborted, passes within two or three hours into the second—than it is by medical men, that *camphor* has been found to be so efficacious. So far from many people having poisoned themselves by using precaution against cholera, not only is there no evidence that one person has done so, but there is overwhelming evidence that many hundreds of lives have been preserved by using it, and it is only too probable that many thousands more might and would have been saved by it but for the ignorant prejudice against the source from whence the knowledge of its power was obtained, which has been fostered by the College of Physicians, the British Medical Association and their representatives in the medical press.

“Once established,” Mr. Hart went on to say “and in well marked cases of Asiatic cholera drugs will do little to cure. The mortality of cholera all over the world, and in all epidemics, had defied drugs—just as severe *arsenical* poisoning would do—and varied according to intensity and the age of the patient from 45 to 64 per cent.”

Happily this is far from being a true statement.

Drugs, when properly selected and used, will do a great deal towards curing cholera. The mortality instead of being necessarily from 45 to 64 per cent., ought rarely to exceed 26 per cent. Of course everything depends upon what drugs are used, the principle which dictates their selection, and the dose and frequency with which they are prescribed.

If, on the other hand, the treatment pursued is such as that which, according to the Vienna correspondent of the *Daily News* (Sept. 9), Dr. Wortmann, of that city, witnessed in Hamburg recently, there is nothing astonishing in a mortality of 64 or 70 or 80 per cent. Dr. Wortmann told the correspondent that "in all very bad cases the doctors infuse a solution of salt in hot water, the proportion being seven of salt to ten of water. A vein is opened in the arm or leg, and a needle introduced, through which rather more than two pints and a half of salt water, at a temperature of 120/ degs., runs into the veins of the patients. It is most interesting to observe the effect of this injection, especially in young persons. Where there was no pulse at all before the injection, the pulse returns as the salt enters the body, and in a very short time a patient who was quite senseless and prostrate revives most wonderfully. Unhappily, however, in many cases the reaction is almost as sudden. These and morphine injections, warm flannels and plenty of mineral water is all that can be done for the patient."

choleraic spasm (83) and of vomiting (14)=97, all recovered. Of fully-developed cholera, with rice-water evacuations, and more or less collapse and cramp of the extremities, there were 99 instances ; of these 85 recovered and 14 died. How completely hatred of homœopathy overrides the desire to do good—which is supposed to be uppermost in the minds of medical men—the following extract from Dr. Proctor's paper will show :—"In addition to the 99, there were 13 that were ultimately placed under allopathy by means of the pressure applied by the medical staff and other officers appointed in the district. The people being all very poor and uneducated, the friends of the patient were cajoled by promises of ample supplies of wine and brandy and food, and good strong physic, into the adoption of allopathy, or they were terrified into the same line of conduct by a general denunciation of homœopathy, and the special warning that a homœopathic certificate of death would not be accepted by the Registrar. Thirteen cases were thus transferred to allopathy, and with the unhappy result that 10 of them died in their hands. On remonstrating with one of the medical officers, I was assured that it was vain to expect professional courtesy from them, and that no conduct was too bad if it only succeeded in injuring homœopathy." Such men as these would rather have seen the whole city perish of cholera, than that a moiety should be saved through homœopathy ! Human life is of no consequence to them when com-

pared with the success of a professional policy—even if that policy should prove to have been ignorantly adopted ! Such was the feeling prevailing among a section of the members of the medical profession in Liverpool in 1866 ! Is it any better now ? Let those answer the question who can.

In 1854, a Committee was appointed by the President of the Board of Health for the purpose of making scientific enquiries in relation to the cholera epidemic of that year, the report of which was presented to both Houses of Parliament by command of Her Majesty. This Committee, or Medical Council, issued forms for recording the observations of all qualified practitioners on cases coming under their care ; the object of these returns being to provide material for determining the laws which regulate choleraic disease, and the effects of the different systems of treatment then in use.

At the time that the epidemic prevailed, the London Homœopathic Hospital occupied the premises in Golden Square, now used for the purposes of the Throat Hospital. This was the centre of the area where the disease was most intense and destructive. The Board of Management at once discharged all ordinary patients, and reserved the whole of their limited accommodation for the reception of cholera cases. Into the hospital 33 cases were received ; 23 of them passed into a state of collapse ; in 5 the consecutive fever of cholera occurred ; 25 patients recovered ; 7 died, and one was removed by his

friends soon after he was admitted. In addition to these, 28 cases were attended by the visiting medical staff, of whom 13 passed into a state of collapse; in 3 consecutive fever occurred; 23 recovered; 3 died, and in two instances the further services of the medical attendant were declined before any result was arrived at. In the month of September, during which nearly the whole of the 33 patients were received, the mortality from the epidemic was at its height.

Although this was the only medical institution in the district, exclusively devoted to the reception of cholera patients, the medical inspector appointed by this Board of Health for the district so neglected his duty that he never entered the hospital. The medical officers, however, determined that their work should be watched by a medical inspector, and invited Dr. Macloughlin, the medical inspector of Stepney, Poplar, St. Andrews, St. Giles, and St. George's, Bloomsbury, to inspect the wards, see the patients, and watch the effects of the treatment adopted. This he did, and four or five months later addressed a letter to Mr. Hugh Cameron, one of the surgeons to the hospital, describing the results of his observations. In this letter Dr. Macloughlin says:—

“You are aware that I went to your hospital prepossessed against the homœopathic system; that you had in me, in your camp, an enemy rather than a friend, and that I must therefore have seen some cogent reason there, the first day I went, to come away so favourably disposed as to advise a friend, and I need not

tell you that I have taken some pains to make myself acquainted with the rise, progress, and medical treatment of cholera, and that I claim for myself some right to be able to recognise the disease, and to know something of what the medical treatment ought to be ; and,

"That there may be no misapprehension about the cases I saw in your hospital, I will add that all I saw were cases of true cholera in the various stages of the disease ; and that I saw several which did well under your treatment, which I have no hesitation in saying would have sunk under any other.

"In conclusion, I must repeat to you, what I have already told you, and what I have told everyone with whom I have conversed, that, although an allopath by principle, education, and practice, yet was it the will of Providence to afflict me with cholera, and to deprive me of the power of prescribing for myself, I would rather be in the hands of an homœopathic than an allopathic adviser."

The forms issued by the Medical Council of the President of the Board of Health were duly filled up by the medical staff of the hospital and forwarded to the committee, but no notice was taken of them by the treatment committee in their report, and consequently they were omitted from the Return presented to Parliament. Therefore Lord Robert Grosvenor (now Lord Ebury) moved in the House of Commons for "Copies of any letters, which have been addressed to the General Board of Health, complaining of the omission of any notice of certain Returns in relation to the treatment of cholera, which returns were sent to the General Board of Health, in pursuance of a Circular dated September last, and issued by the Board ; and of any correspondence which has passed between the President

of the Board and the Medical Council, together with copies of the returns which have been rejected by the Medical Council."

This return was ordered and made. It commenced with a letter signed by the late Mr. Ralph Buchan, the Honorary Secretary of the Homœopathic Hospital, addressed to the President of the Board of Health, describing the arrangements made at the hospital for caring for cholera patients, and the results of the work done there. Mr. Buchan also complained that, in the Report presented to Parliament, it was stated that the whole of the returns made to the Board of Health had been carefully analysed—a statement which, he said, was at variance with the fact that the returns from the London Homœopathic Hospital were delivered at the office of the Board of Health, and yet remained unnoticed. "The Board of Management," he continued, "conceived that they had just cause of complaint that their labours in the cause of the indigent sick in that district of the metropolis which had been most severely affected by the epidemic had been thus entirely ignored."

Then followed an extract from Dr. Macloughlin's letter to Mr. Cameron, and an acknowledgment from the assistant secretary of the receipt of Mr. Buchan's letter and enclosing copies of a correspondence between the secretary and Dr. Paris, the President of the College of Physicians. Dr. Paris excuses his Committee from not including the omitted returns

by sending a copy of a resolution unanimously passed by the Treatment Committee:—"That by introducing the returns of homœopathic practitioners, they would not only compromise the value and utility of their averages, of cure as deduced from the operation of known remedies, but they would give an unjustifiable sanction to an empirical practice, alike opposed to the maintenance of truth and to the progress of science."

In short there was "one direction in which the Committee would not look, one answer that they would not receive from nature." To describe homœopathy as an "empirical practice alike opposed to the maintenance of truth and the progress of science," was simply to demonstrate Dr. Paris' entire ignorance of the subject, and to show that the object of the research he had engaged in was, not the discovery of truth, but the maintenance of his preconceived notions as to remedial measures.

A return showing a mortality of only 16.6 per cent. compared with that following the putting into practice of methods of prescribing which were in harmony with the views of Dr. Paris and the Treatment Committee—a mortality four times as great—was a return which Dr. Paris and his colleagues would do anything rather than publish, even to the extent of asserting in their report to Parliament that they had carefully analysed the whole of the returns sent in to them—well knowing that they had not done so.

Evidence of the same kind might readily be adduced proving the same facts—facts which contradict, emphatically contradict, Mr. Hart's assertion that drugs can do little or nothing to promote recovery from cholera, and that the mortality from the disease is necessarily from 45 to 64 per cent. On the contrary, drugs selected on a scientific basis can do a great deal, and were it not that cholera finds its victims so considerably among the drunken and the destitute they would, when homœopathically chosen, do a great deal more than they have hitherto been found to do. Of the 236 patients attended by the medical staff of the Edinburgh Homœopathic Dispensary, 183 were found to be temperate, and of these 38 died, showing a mortality of 20 per cent., while of the 53 intemperate, 19 in number or 35 per cent, died, making the total mortality 24.15 per cent.

Neither is the mortality necessarily such as Mr. Hart represents that it must need be. This we have proved fully. Mr. Hart and others like him must understand where and where only they can look for drug agencies in order to reduce it to 17, 20 or 55 per cent., but to homœopathy—the only source—they will not look. Cholera patients may die, but their lives must not be preserved by physicians resorting to what Dr. Paris ignorantly termed "an empirical practice." The results which have followed the adoption of this so-called empirical practice they ignore; to examine its results with an honest desire to ascertain the truth has been

regarded as an offence ; to be guided by the lessons such results teach is in high quarters esteemed little less than a professional crime. Hence it is that the mortality of cholera continues to defy drugs !

But we have a certain amount of evidence that an appropriate drug can do yet more to ensure safety for individuals during an epidemic of cholera. Hahnemann in his first paper on cholera (1831), pointed to *copper* as being, from the similarity of the symptoms of its poisonous action on the body to those of the condition constituting cholera, a prophylactic to the disease. He advised the occasional taking of an infinitesimal dose of this metal during an epidemic. In a note to this paper he states :—"It has been found in Hungary, that those who wore next the skin a plate of *copper* were exempt from infection, as trustworthy intelligence from that country informs me." This is the first mention made in medical literature, of *copper* being so used ; the action of the acid in the perspiration acting chemically upon the metal, enabling a salt of *copper* to be formed and absorbed in a sufficient but non-injurious quantity. Since that time similar observations on the protective influence of *copper* have been repeatedly made, as for example by Dr. Burq, of Paris, forty years ago. At the Paris International Congress of Hygiene in 1878, Dr. Burq referred to his researches, twenty-five years previously, which proved to him the immunity from cholera possessed by workers in *copper* and said

that where the question had been investigated by other observers, the same result had been arrived at. He also traced the preservation of Augbagne between Toulon and Marseilles, through every epidemic of cholera, to the fact that the large quantity of *copper* employed in the potteries surrounding the city produced, as it were, a rampart of copper-laden dust.

Dr. Clapton, formerly physician to St. Thomas's Hospital, read a paper in 1869 before the Clinical Society in which he gave the results of a wide series of inquiries into the health of workers in *copper* during the epidemics of cholera. He found the men engaged in various *copper* works in London had always escaped cholera, and even choleraic diarrhoea, although their neighbourhoods suffered severely during the great epidemics. Dr. Leeson, at the same meeting, stated that in 1832 there was no cholera among the verdigris workers in Deptford.

M. Jousset, of Paris, during an epidemic at Charroux, in Austria, employed plates of *copper* to protect his patients, and, as he says, with very good results. (*L'Art Medical*, 1880).

M. Mailhet, a French physician practising in Japan, recommended the "copper girdle" during an epidemic of cholera in that country in 1880, and among the 47 severe cases that came under his notice there was not one wearer of the girdle.

M. Moldini states that during the 1854 epidemic in Paris, he saved the lives of many soldiers in

garrison in that city by causing them to wear plates of copper next the skin, and administering to them a few drops of a solution of *salts of copper* every morning and evening. Dr. Raymond, at Gallipoli, adopted the same practice, with complete success. Evidence of the efficacy of any measure employed in the prevention and treatment of cholera in India is especially valuable. The editor of *The Calcutta Medical Journal* (1869) mentions, on the authority of a deputy inspector of schools in Calcutta, an instance where the head master of a school, in a district where cholera frequently prevailed, had induced a number of people to wear a *copper picc* next to the skin. Two epidemics occurred in this district in the course of five years, and not one person wearing the *picc* was affected.

The fact that *copper* is thoroughly homœopathic to the second stage of cholera, the fact that workers in *copper* have uniformly, so far as researches up to this time have ascertained, passed unscathed through an epidemic prevailing around them, the fact that a number of competent observers have found that persons wearing copper next to the skin escape from attacks when their neighbours, unprotected by this metal, fall victims—justify us abundantly in urging all persons to avail themselves of this very harmless and, at the same time, hopeful means of preserving themselves during an epidemic.

The Local Government Board having applied to the Royal College of Physicians to mention the

medicines best adapted to treatment of cholera, the invasion of England by which seemed imminent, the College replied that it had no instructions to propose for the treatment of cholera, but it drew up a number of directions for the prevention of diarrhœa and cholera, which would be very good if only they could be carried out by the poorer classes of the community, who are the chief victims to these diseases. But as will be seen, they could only be of use to those who are well off, and are impossible to poor people. Besides, it was the medicinal treatment of the disease the Board wanted, not hygienic, preventive measures. The homœopathic school could alone have furnished suitable directions for the medicinal treatment of the disease. The following is the College's sanitary advice, which is good enough for those who can avail themselves of it.

"1. As cholera is not in the ordinary sense of the term contagious, as it is rarely, if ever, communicated, like smallpox or scarlet fever, directly from person to person, as it is probable that those engaged in attendance upon patients suffering from this malady are not more liable than others to become attacked with it, and as it is certain that physical and moral depression favour the reception and development of the disease, apprehensions should be allayed, confidence encouraged, and that manner of living pursued which experience has proved to be conducive to the highest health.

"2. The house should be clean, light, thoroughly dry, and well ventilated. Air shafts, traps, and drains should be in perfect working order. Dustbins should be frequently emptied, and no decaying matters of any kind should be permitted to remain in or near the house, Cisterns, reservoirs, casks, jars, and pipes

used in the preserving, carrying, or transmitting of water should be frequently inspected and carefully cleansed. All connections of waste pipes with drains should be severed.

"3. As water is one of the chief agents by which choleraic infection is conveyed, all water employed for personal or domestic use in the household should be scrupulously protected from contaminations of every kind; and if any doubts of its purity arise, the water should be boiled, filtered, and consumed within twenty-four hours. Boiled and filtered rain water is probably the best of all waters for use at this time.

"4. The dietary should consist daily of three or four simple but nourishing and ample meals taken at regularly recurring times. The meals may consist of any sort of animal food, fresh and thoroughly cooked, of bread, potatoes, well-boiled green vegetables, if they agree, and of plain farinaceous puddings, or of simply cooked and wholesome fruit.

"Milk should be boiled before use.

"Alcoholic beverages should be taken in great moderation, and only at the greater meals, such as at dinner and supper.

"It is desirable to avoid soups, tinned or otherwise preserved provisions, raw or stale vegetables, unripe, overripe, or decaying fruits, pastry, cheese, nuts, hard or indigestible things of every kind, malt liquors turning 'hard', ginger beer, strongly ascendent sparkling wines, coarse oatmeal gruel, messes between meals, and long fasts or too frequent feeding.

"5. All provisions should be procured fresh and fresh, but when some storage is unavoidable the most scrupulous care should be taken to protect them from contamination by impure air or water.

"Cooking utensils should be scalded after use, and kept carefully clean.

"6. Avoid the use of strong aperients, and especially of strong saline aperients. If there is obstinate constipation, take at bedtime either a teaspoonful Gregory's powder or one or two teaspoonfuls of castor oil.

"7. Avoid excess and irregularities of every kind, over-fatigue, prolonged watchings, emotional excitements, undue mental strain, and all such things as irritate and exhaust the nervous system.

"Especially avoid the frequent use of alcoholic or of any stimulants to cover recurring sensations of sinking malaise, or depression.

"8. Take moderate exercise, twice daily; follow early hours; and aim at leading a regular, an occupied, and a tranquil life."

The medicinal instructions for the treatment of diarrhoea which follow are of little or no value. They consist chiefly of suggestions to check diarrhoea with *castor oil*, or with a hot water enema to which has been added *benzoate of soda* and *laudanum*; and then one or other of two prescriptions of a somewhat modified form of the old-fashioned anti-diarrhoea mixtures. They have the advantage over these of omitting *opium* and of containing *camphor*. They are, however, strictly antipathic and palliative, rather than specific and curative, and are therefore far less reliable than the medicines we have referred to as having been found so useful in so large a proportion of instances.

In conclusion, experience gained in cholera epidemics has shown:—

(a) That the risk of a visitation may be reduced to a minimum by perfect public and private sanitation.

(b) That during the time of an epidemic, individual protection may be further secured by wearing a piece of copper next the skin, or by taking daily a small dose of one of the *salts of copper*.

(c) That in the event of an attack of cholera commencing with sudden vomiting and purging, general chilliness and sense of faintness, pain in the stomach and slight cramp, a couple of drops of the *spirit of camphor* taken every five or ten minutes, will in two or three hours usually put a stop to it, leaving the patient suffering from nothing more serious than weakness.

(d) That in the fully developed form of the disease, when the purging and vomiting are especially prominent, *veratrum* will be the most suitable remedy, when, together with these symptoms, the cramps of the abdomen and limbs are excessive, then *copper*—the *acetate of copper* being preferable—will be most effective, while in the state of collapse there is no medicine that has established so great a claim to our confidence as *arsenic* has done. These remedies should be given in drop doses of 2nd or 3rd decimal dilution, every ten or fifteen minutes.

The general management of a patient demands the utmost care and attention. Perfect quietude, a well-warmed room, hot bottles applied to the sides of the body and feet, gentle stroking or rubbing—“massage”—of the parts affected with cramp, frequent but moderate draughts of cold water, are all of the greatest importance in promoting recovery. “It is”, Dr. Russell says—and Dr. Drysdale fully endorsed the caution, “of great importance that the patient abstain from all food. Not unfrequently when the reaction sets in, there is a craving appetite,

and as everything seems going on favourably the physician is apt to indulge the patient's desire for something to eat. In repeated instances we have seen sudden relapse follow upon eating, and in our opinion, it is of the greatest consequence to give no food at all, nothing but cold water, till the second or third stage be past. They seldom last above forty-eight hours, and the patient runs no risk of being kept on a water diet for that time; and after recovery has begun, the most extreme care is necessary in diet." This should consist of such food as boiled milk thickened with rice flour, baked flour, or biscuit powder; of tea made with boiling milk infused about five minutes, and having toast, biscuits, or rusks soaked in it; of farinaceous puddings of the nursery sort; of any kind of gruel, except that made with coarse oatmeal. No stimulants should be given until reaction has so far advanced as to admit of food being taken, and then the irritability of the stomach appears to be relieved by the addition of a little wine to the arrowroot. Dr. Drysdale thinks though he had not tested the value of the idea sufficiently to express a decided opinion—that the restoration of certain constituents of the blood, which are lost during cholera, may be assisted by giving a cheap and easily procurable natural product such as whey, which contains all the salts of the blood and in very very nearly the proportion contained in the cholera evacuations.

While we believe that, at present, there is but

little cause for anticipating an epidemic of cholera in England, we feel perfectly confident that by the adoption of those measures which, as we have shown have proved singularly effective in controlling the disease during former visitations, there is not the slightest excuse for that fear of an attack, or of fatal results ensuing when one has occurred, which has hitherto had so powerful a hold on the public mind.



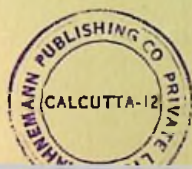


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