Adolph Graf zur Lippe Bisterfeld-Weissenfeld

by Klaus-Henning Gypser

Summary

Adolph Lippe was one of the great American physicians who, in the nineteenth century, led homœopathy to eminence in the United States. At a time when the use of repertories was uncommon and the search for the simillimum had not yet fallen to the level of mechanical repertorization, he was an expert in materia medica and thus an excellent prescriber. In addition to biographical information, this essay presents a few of Lippe's case histories and a list of his publications.

His life

Adolph Lippe – as he called himself since his arrival in the New World – died more than one hundred years ago, in 1888. The impetus for this short biographical note came to me as I was perusing some older American homœopathic journals that drew my attention to him. D C McLaren[1] among others, wrote as follows:

> On one occasion Lippe related to me how he discovered the now classic symptom of *Phosphorus*, water is vomited as soon as it becomes warm in the stomach. It was a case of typhoid fever in which the other symptoms pointed to *Phosphorus*, but this new and unknown symptom was perplexing; however, there was nothing for it but to use the remedy best indicated and a dose of *Phosphorus* 19M was given. The attending priest upbraided Lippe for taking such chances with human life! But the remedy turned the tide, cured the case and firmly established the symptom where it belongs, as many have verified in practice.

This example illustrates not only that Lippe trusted high potencies in life threatening illnesses, but it also teaches us how clinical symptoms are established.

It happened that a case of gall-stone colic occurred in one of his staunchest families. Lippe arrived and prescribed *Lycopodium*, a single powder. The relief was so magical and the patient fell into such a sound, refreshing sleep, that they were convinced, and nothing could alter their conviction, that he must have given morphine, and forthwith changed their doctor!

During the course of my research on Kent (1849-1916), I also came across the latter's obituary on Lippe:[3]

> Sad loss, indeed; I loved him deeply. We shall all miss him; he was a master in the art.

Had Kent considered Lippe to be a mediocre colleague, he would, in all probability, not have been prompted to write these words; nor would Kent have left his own practice in St Louis to take over[4] Lippe's practice in the year of his death in 1888, had he not expected to acquire the interesting (and most likely also lucrative)[5] practice of a true master in Philadelphia.

Count Adolph zur Lippe Bisterfeld-Weissenfeld was born on 11 May 1812, at four o'clock in the morning in See near Gœrlitz, the first child of Count Ludwig zur Lippe Bisterfeld-Weissenfeld and his wife, the Countess Eleonore Auguste zur Lippe, née Hohenthal. We know little about Adolph Lippe's childhood, youth and education in Germany. It appears that he studied law in Berlin and, already familiar with homœopathy, he was interested in studying medicine.[6] It was not possible to ascertain whether he emigrated to the United States in 1837[7] or in 1839.[8] The sources give several references for either year. King[9] indicates in a list of 'homœopathic physicians in Philadelphia and Pennsylvania before 1860' that Lippe started practising homœopathy in 1838. This would exclude 1839 as the date of his arrival in America. On the other hand, King's indication may not be reliable, given the fact that we also learn that Lippe had successfully concluded his studies at the 'North American Academy of Homœopathy' in Allentown on 27 August 1841.[10] How could he have been an established practitioner before that date?

As has already been discussed elsewhere,[11] Constantine Hering (1800-1880) and William Wesselhoeft (1794–1858) were Lippe's teachers in Allentown. Lippe is said to have belonged to the first group of students examined at the Allentown Academy.[12]

Together with Charles Haeseler, he opened a practice in Pottsville, Schuykill County.[13] Either in the same year or in 1842, he moved to Reading, Berks County, where he was the first physician practising homœopathy and where he remained for about two years,[14] after which time we find him in Carlisle,[15] Cumberland County, where he attracted attention through his spectacular results in curing patients afflicted with scarlet fever.[16]

Upon leaving for Philadelphia in 1850[17] with his colleagues H Duffield and TC Stevenson whom he had won over to homœopathy, he left his practice to C Miller. Duffield and Stevenson studied at the Homœopathic Medical College of Pennsylvania which was founded in 1848.[18] In 1864, this institution was facing considerable difficulties and it urgently needed new people able to remedy the situation. Lippe was one of these people and, after having been named to the chair for materia medica on 7 May 1864, he was elected to be president of the faculty on 3 June 1865. He held this position until 25 February 1869,[19] at which time he decided to hand in his resignation following the dispute with Hering regarding the value of pathology, which resulted in the fission within the faculty and led to the foundation of the Hahnemann Medical College of Philadelphia.[20]

During the winter of 1884-85, Lippe lost his only daughter in December and on 1 January 1885, his eldest son Constantine.[21] He never recovered from these losses. Constantine had distinguished himself by publishing the *Repertory of the More Characteristic Symptoms of the Materia Medica* which makes it one of the precursors of Kent's *Repertory*.[22]

After having suffered from rheumatic complaints for several weeks, Lippe caught a cold that developed into a pleuro-pneumonia of which he died three days later on 23 January 1888, at 9.45am at his home at 1204 Walnut Street.[23] He was survived by his wife Theresa Lippe, née Eichorn, and his son William A Lippe (1850-1912). The burial took place on 26 January in the Old Cathedral Cemetery.[24]

Three years after his death, Lippe's former patients remembered him by donating considerable sums of money for the construction of the 'Lippe Isolated Pavilion', a new building of the Medical Surgical and Maternity Hospital of the Women's Homœopathic Association of Pennsylvania in Philadelphia that had been inaugurated in 1884.[25] It was at this hospital that Lippe, on 10 May 1886, gave a lecture

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on *What Is Homœopathy?*[26] and also, on 13 October 1887, the inaugural address for the Hering Memorial Hospital.[27] Incidentally, it was also at this hospital that Kent began to teach the *Organon* and materia medica on 16 October 1888.[28]

Lippe took an active part in the development of homœopathic journals. He was a co-founder or a co-publisher of the following journals:

Homœopathic News (1854-56)
Hahnemannian Monthly (1865-68)
Organon (1878-81) and
Homœopathic Physician (1881)

In Philadelphia, a group of physicians interested in homœopathy gathered around Lippe and, at the instigation of C C Smith, the Lippe Society of Philadelphia was founded at 875 North 20th Street on 5 January 1880. Lippe was elected president and E J Lee was elected treasurer. The latter was the editor of the *Homœopathic Physician*, and he is known to be the actual author of Kent's *Repertory*.[29]

In 1860, Lippe travelled to Germany. He visited Leipzig where he encountered C Haubold (1796-1862) on 23 July. He also visited the homœopathic polyclinic where he met V Meyer (1815-1872). He then went to Dortmund to attend a meeting of the Association of Homœopathic Physicians from Rhineland and Westphalia where he met with Carl von Bœnninghausen (1785-1864) on 26 July. At this meeting, Lippe shared his discovery that it was necessary to change to ever higher potencies when repeating the same remedy, a finding which Bœnninghausen confirmed. During the course of his trip to Germany, Lippe spent two weeks at the Bœnninghausens', and he reported that the latter used only high potencies in his practice and that he saw patients 'from all parts of the globe.[30]

Lippe and Hering often talked shop with each other. When Hering was suffering from haemorrhoids, Lippe cured him with *Causticum*. On the other hand, when Lippe suffered from typhoid fever in 1863 and was near death, Hering cured him with *Silica*.[31] But the friendship soured in 1867. Both Hering and Lippe were teaching at the Homœopathic Medical College of Pennsylvania, but the latter owned the greater number of shares at the institution and was thus able to exert his control. The occasion of their rift was Lippe's attitude towards pathology. He considered it unnecessary to have a chair for pathology. Hering disagreed with this point of view and left the faculty.[32] The two finally reconciled in the summer of 1876, when Lippe gave a banquet for the World Congress of Homœopathy.[33]

When looking at Lippe's professional achievements, we are impressed by the considerable number of publications, a listing of which will be found at the end of this essay. This list does not pretend to be complete. A majority of his journal articles take issue with remarks made by colleagues whom he censures mercilessly when they stray from the path of genuine Hahnemannian homœopathy. His considerable factual knowledge is evident in these articles. However, this did not necessarily win him the friendship of those who, as Bœnninghausen put it, 'could not separate the issue from the person and wanted only to be informed'.[34]

Aside from his own journal contributions, Lippe published translations from German, French and Italian to English,[35] he carried out provings of remedies on himself (*Bromium*, *Calcarea phosphorica* and *Fluoricum acidum*)[36] and on others. He supervised provings of *Arsenicum metallicum*,[37] of *Hydrastis canadensis*, which he demonstrated before his students how to potenize from tincture to the 30c potency with 25 successions at each stage,[38] and of *Formica rufa*.[39] These experiences revealed to him that the most reliable and most characteristic symptoms were produced by the smallest doses and the higher potencies,[40] and furthermore, that the symptoms appearing late in the provings are the best.[41] In closing this subject, it should be mentioned that he furnished verifications for Allen's *Encyclopaedia*[42] and for his *Textbook*, the materia medica recommended to the students of the Homœopathic Medical College of Pennsylvania and later to those of the Hahnemann Medical College.

His critical mind knew how to pose questions the elucidations to some of which have to this day been quietly ignored, such as for instance to know if the symptoms elicited from provings with low potencies can consistently be cured with high potencies in the sick.[43]

From April 1846 on, Lippe, who had the reputation of being a careful practitioner,[44] prescribed high potencies between 200-2000.[45] Later, he went even higher, e.g. to those made by Fincke (1821-1906) which he used with best results. Based on ample experience, he recommended *Gelsemium* 20M for acute hay fever attacks.[46] The three case histories that follow shall serve to afford some insight into his practice.

The first[47] is meant to demonstrate not only Lippe's art of prescribing, but also the fact that homœopathy can achieve excellent results in the most severe conditions and, at that, during pregnancy and without any iatrogenic damage to the unborn child. This is a fear that not many other therapies can claim for their methods.

A case study

Mrs M, married six months and in the fifth month of pregnancy, has been sick for three days with headache, pain in the limbs and fever. I visited her on the third day; she had taken no medicine, complained of great weakness, severe pains in her head, in all her limbs, but mostly in her back; much worse when moving, no sleep, bitter taste, much nausea, tongue yellow and becoming very dry, moderate thirst, face red, skin hot and dry, pulse 120 beats a minute, full and hard constipation, discharge of urine scanty and dark. Several members of the family had died during the last few years of typhus fever under allopathic treatment. I gave the patient several doses of *Bryonia 200* and found her easier the next day, I omitted the medicine. The following day, the fifth day of the disease, she was much worse, she had vomited frequently during the night, mostly bilious matter; the headache had been much worse, she was now unconscious, delirious, talked incessantly, she passed urine involuntarily, picked the bed clothes, tongue dry and black, face very dark red, eyes wide open, glassy, pupils dilated, when she drank a loud gurgling noise in her throat to the stomach. I gave her *Cuprum* 200 (Jenichen) six pellets dissolved in half a tumbler full of water, every two hours one tablespoonful to be given till an improvement was apparent. After the second dose she fell asleep, slept uninterruptedly for ten hours, perspired profusely, and awoke feeling well but very weak. She took no more medicine and was able to take her meals with the family on the twelfth day of her sickness. The pregnancy progressed and at the proper time she was delivered of a healthy child.

In one of his articles, Lippe illustrates how the prescription is not to be based on the symptoms that ordinarily characterize a given disease, but on the symptoms that, in a particular patient, differ from those with which all the other patients afflicted with the same disease are suffering.[48]

The patient is attacked by asiatic cholera. All the characteristic symptoms are present; but in this particular case, there is also present an unusual noise in the intestines, as if a fluid were emptied out of a bottle; the discharges come away with a gush. Of what pathological

value these two symptoms are, we know not; therefore, this unfortunate ignorance of ours prevents us from drawing from them any indications for the cure of the patient. Still they form a part of the totality of the symptoms which we must cover. Deducting from the totality of the symptoms those common to the 'disease' we are in possession of the characteristic symptoms of the patient, not of the disease. We now find that those two symptoms are also characteristic of *Jatropha curcas*, and that this remedy has at the same time caused symptoms corresponding with the general pathological conditions. We, therefore, select this remedy as the one most homœopathic to the case.

Another case study

The next case demonstrates how well acquainted Lippe was even with the symptoms of rare remedies. It is the case of a sprained ankle in a sixteen year old patient. She had already received *Bryonia* 10M which ameliorated the swelling and the pain, but still did not enable her to stand on her left foot:[49]

> .... and other new symptoms developed themselves. The breathing became rapid; great oppression of the chest, with constantly recurring desire to take a long breath; she felt as if the air she inhaled did not reach the pit of her stomach, and till she could force the air so far down she had to yawn and try to take a deep inspiration.
>
> The first impression in such a case would naturally be enough to find a remedy for the chest symptoms, remove them first, and later attend to the ankle; or to find a remedy for each of these ailments, and give the two corresponding remedies in alternation. If ever a case presented itself in which alternation seemed excusable, here was the case; but homœopathy does not admit of such irrational practice, and we were therefore compelled to find the remedy if it was to be found. Who seeks will find! We found under *Prunus spinosa* all the symptoms, and even under the very first proving of it published in the *Archive of the Homœopathic Healing Art*, XIV:3, – a proving by Dr Wilhelm Wahle:
>
> Symptom 146: Heaviness, and oppressed in the chest.
>
> S. 148: Anxious, short breathing.
>
> S. 149: Sensation of heaviness and anxiety in the lower parts of the chest compels him to breathe frequently and deep.
>
> S. 155: The breath appears to be checked in the pit of the stomach.
>
> S. 225: On the external side of the left foot joint sensation as if sprained. S.. 226: Sensation as if sprained in the left foot joint.
>
> Here were found all the symptoms of the case, and on the eighth day after the injury had happened she received one dose of *Prunus spinosa* 200, at 11 am. The following night she could sleep but very little; the difficulty of breathing increased, and compelled her to sit up all night. And here again arose a great question. Was her disease worse, or was this great aggravation attributable to the seemingly small and very insignificant dose of the remedy? Her left ankle was also more painful and much more swollen after this sleepless night. This often recurring difficulty – to know whether the disease is worse, and the administration of another remedy advisable, or whether the medicine caused this increase of suffering,– is only a real difficulty if we are uncertain about the undoubted correctness of our prescription. As in this case only the previously existing symptoms had become worse, and as these symptom unmistakably indicated *Prunus spinosa*, and as we were sure of having made a very careful selection of the remedy, there was nothing else to do but to wait. The next night, was much better: she had slept in her bed. The respiratory difficulties gradually subsided and later the foot and ankle improved slowly.

From this case we learn how to proceed when comparing the patient's symptoms with those in the materia medica. We see furthermore, that a remedy as such is not simply indicated for a given injury, but it is indicated because it is capable of producing similar symptoms in thehealthy. Considering the now so customary and frequent routine prescriptions for injuries, it seems to me appropriate to point this out. Finally, Lippe addresses a problem every practitioner has encountered repeatedly and which can only be worked out through careful remedy selection and experience at the sick bed.

Later in life, Lippe published numerous clinical cases that are exemplary by their extensive comments regarding his justifications for the selection of the remedies.

In 1880, he became a member of the International Hahnemannian Association.[50] Now and again, he presented papers at conferences organized by the various associations. The paper on diphtheria was presented on the occasion of the World Congress of Homœopathic Physicians in 1876.[51]

He had a substantial library that was put up for sale at his death, as were his remedies.[52]

He was mistaken on one detail, though, when he envisioned a great future for homœopathy and predicted its victory over the enemies from the allopathic camp.[53] Not only are we far from such a victory today, but we do not even need the influence of the regulars to discredit homœopathy. This is taken care of in our own ranks. We shall end our presentation with an example of how Lippe occasionally responded to his regular medical colleagues:[54]

A patient came to him who, for six months, had been under the care of a 'regular' for 'torpid liver'. In two weeks he was well. One day the 'regular' met Lippe and asked him how he was able to cure a 'torpid liver' in so short a time. The reply was something like this – with strong German accent and a tapping of the forehead: "Torpid liver!" "The torpidity was here," tapping the forehead, "in you!"

Publications by Adolf Lippe

in chronological order:

Abbreviations used:

AHR American Homœopathic Review
AJN American Journal of Homœopathy
AMM American Journal of Homœopathic Materia Medica/Journal of Homœopathy Clinics
AOB American Homœopathic Observer
CMA Cincinnati Medical Advance/Medical Advance
HHM Hahnemannian Monthly
HPH Homœopathic Physician
MIV Medical Investigator
NAJ North American Journal of Homœopathy
NEG New England Medical Gazette
NYJ Homœopathic Times
ORG Organon
PIH Proceedings of the International Hahnemannian Association
SLC St Louis Clinical Review/St Louis Periscope and Clinical Review
TNY Transactions of the Homœopathic Medical Society of the State of New York
TPN Transactions of the Homœopathic Medical Society of the State of Pennsylvania
USI United States Medical Investigator

Books

Key to the Materia Medica of Comparative Pharmacodynamics, Philadelphia 1854

Cactus grandiflorus, Philadelphia 1865, (Translated from the original by Rubini)
Textbook of Materia Medica, Philadelphia 1866
What is Homœopathy? Philadelphia 1886
(I have a *Repertory*, 1880, and his *Keynotes*, 1915, Ed.)

Journals

Briefbeitrag ohne Titelangabe AJN 1 (1847) 124-125
Briefbeitrag ohne Titelangabe AJN 3 (1848) 43-44
Doses and repetition AJN 5 (1850) 93-94
Briefbeitrag ohne Titelangabe AJN 5 (1850) 111
Proving of *Arsenicum metallicum* NAJ 1 (1851) 301-311
Letter from Dr Lippe NAJ 2 (1852) 480-481
Materia Medica AJN 8 (1853) 142-143
Obituary Dr William Wesselhoeft AHR 1 (1858) 96
Einige Worte uber Mure's Prüfungen und eine Nachprüfung von *Elaps corallinus* AHZ 61 (1860) 27-29
Letter from Dr Lippe AHR 2 (1860) 475-477
Aurum trifolium in Scarlet Fever AHR 3 (1862/63) 28-30
Diseases of the Prostate Gland and Their Treatment AHR 3 (1862/63) 145-156
Clinical Observations AHR 3 (1862/63) 219-221
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Die Dispensirfreiheit (Review) AHR 3 (1862/63) 325-333
Annotation on the History of Homœopathic Literature in the English Language AHR 3 (1862/63) 333-334
Clinical Observations AHR 3 (1862/63) 372-373
Importance of a Single Symptom AHR 3 (1862/63) 503-511
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Proving of *Lachnanthes tinctoria* AHR 4 (1864) 457-469, 488-500 and 565-570
Who is a Homœopathist? AHR 4 (1864) 534-542
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Who is a Homœopathist? AHR 5 (1864) 153-164
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The Alterations of *Aconite* and *Belladonna* AHR 5 (1864) 262-269
Letter from Dr Lippe AHR 5 (1864) 331-332
The Hom. Theory and Practice of Medicine (Review) AHR 5 (1864) 332-336
The Materia Medica AHR 5 (1864) 433-443
The Homœopathician AHR 5 (1864) 496-498
Arum triphyllum in Scarlet Fever AOB 1-2 (1864) 179-180
Dysentery AHR 6 (1865) 219-221
Intermittent Fever AHR 6 (1865) 259-263
The Importance of One Small Symptom AOB 1-2 (1865) 218-220
Kali bichromicum HHM 1 (1865) 21-34
On the Alternation of Medicines HHM 1 (1865) 63-71
The Treatment of Intermittent Fever HHM 1 (1865) 114-123
The Physiological School of Medicine HHM 1 (1865) 139-144
Cactus grandiflorus HHM 1 (1865) 173-179
Review of Clinical Treatment of Disease HHM 1 (1865) 205-213
The Protest HHM 1 (1865) 216-220
Our Materia Medica HHM 1 (1865) 259-265
Valedictory Address HHM 1 (1865) 291-314
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Haemorrhage in Typhus Fever TNY 4 (1866) 414-415
Gelsemium and *Kali byd.* in Rose Fever – Hay Asthma HHM 3 (1867) 90-91
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Saccharum album. HHM 3 (1867) 141-147
Classification of Remedies. HHM 3 (1867) 209-213
Review of Hughes' *Pharmacodynamics*. HHM 3 (1867) 276-281
True and Delusive Homœopathy. HHM 3 (1867) 297-309
The Preparation of High Potencies. HHM 3 (1867) 385-393, 419-424 and 497-503
Questions. HHM (1867) 470-472
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Text Book of Materia Medica. (Review) NAJ 15 (1867) 449-453
Intermittent Fever. TNY 5 (1867) 218-221
A Clinical Experience – *Apis mel.* in Typhus. HHM 4 (1868) 11-13
Dysentery. TNY 6 (1868) 220-221
Case – *Bryonia*. AMM 3 (1869) 14
Progress of Homœopathy in France. HHM 5 (1869) 415-416
Case – *Ledum* AMM 4 (1879) 96
Liberty of Medical Opinion and Action HHM 6 (1870) 153-161
Proving of *Bufo* HHM 6 (1870) 526-544
Two Cases of Malignant Scarlet Fever NAJ 19 (1871) 468-471
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Clinical Reflections: A Case of Children Fever NAJ 20 (1871/72) 167-174
Cholera Infantum NAJ 20 (1871/72) 221-228
On Posology NAJ 20 (1871/72) 451-459
The Question of the Dose MIC 9 (1872) 108-112
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Homœopathy Misapplied NAJ 21 (1872/73) 32-45
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The Last Departure of Homœopathy on the Physiological Livery CMA 4 (1877) 40-44
Review: Organon of the Art of Healing by S. Hahnemann 5th Am. from 5th German by C Wesselhoeft CMA 4 (1877) 68-72
The Cause of Disease CMA 4 (1877) 115-119
The Physiological Livery CMA 4 (1877) 164-168
The Physiological Livery CMA 4 (1877) 211-216
The Physiological Livery CMA 4 (1877) 259-264
Our First Meeting CMA 4 (1877) 359-363