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MANUAL OF REFERENCE

ON

EPIDEMIC CHOLERA,

BY

H. M. PAINE, M. D.

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MANUAL OF REFERENCE

ON

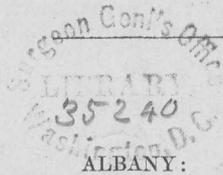
# EPIDEMIC CHOLERA,

ITS CAUSES,

PREVENTION, SYMPTOMS AND TREATMENT,

BY

H. M. PAINE, M. D.



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# EPIDEMIC CHOLERA.

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Numerous germs of animal and vegetable life exist in the air, earth, and water, which remain latent for an indefinite period, but which, when subjected to influences favorable to their development and growth, immediately germinate and multiply with great rapidity. Recent microscopic investigations indicate that these germs are the primal causes of various diseases, among which intermittent fever and cholera may especially be mentioned. As we have learned by sad experience, what the conditions are which favor the development of cholera, we are able, in a measure, by proper sanitary regulations, to prevent the appearance and check the progress of this terrible scourge.

Observation and experience have demonstrated that influences which enervate the system, diminishing its vitality, *depressing* influences so called, favor the development of cholera. These influences may be properly classified and enumerated as follows:

*Atmospheric Causes.*—1. Sudden variations of temperature. 2. Deleterious gases, arising from the decomposition of animal and vegetable matter.

*Causes affecting the Nervous and Digestive Systems.*—1. Depressing passions. 2. Excessive mental or physical labor. 3. Imperfect digestion. 4. Excessive use of alcoholic stimulants.

## I. ATMOSPHERIC CAUSES.

1. *Sudden variations of temperature.*—It is well known that a greater number of cases occur in the night, especially toward morning. This is doubtless traceable to a decrease of temperature which always occurs in the early morning

hours. It is well, therefore, to observe the following suggestions :

Avoid sleeping under or near an open window. Close out-door windows in sleeping apartments at night. Secure ventilation by allowing an unobstructed circulation of air into halls or adjoining unoccupied apartments.

Do not sit on damp ground or grass, on stone steps or seats.

Maintain the natural temperature of the body by sufficient clothing. A sudden check of perspiration strongly predisposes to an attack of the disease, hence the importance of wearing flannel next to the skin. If woolen flannel produces too great irritation, wear it over silk or cotton, or during the heat of summer wear cotton flannel. A broad flannel bandage should be worn around the abdomen. This is especially important in case of threatened invasion of the disease.

When heated, never remain in a cool place or in a current of air.

Keep the feet dry and warm.

In cool, damp weather, keep a fire in the room you usually occupy.

2. *Deleterious gases.*—These are produced chiefly by the decomposition of animal and vegetable matter. Unless concentrated they do not produce prompt or severe effects. In order to guard against them,

Avoid crowded assemblies and sleeping apartments. The disease prevails chiefly in crowded dwellings, ships, prisons and camps. It seldom appears in dwellings occupied by a single family.

Avoid the neighborhood of every kind of unpleasant odor, uncleanness and filth.

Cleanliness repels, while neglect and impurity invite the disease.

3. *Disinfectants.*—The following disinfectants are easily available for the suppression of noxious gases, so fatal to health and life :

Two pounds of sulphate of iron (copperas) dissolved in a

pailful of water, poured into a vault, will prevent the formation of sulphuretted hydrogen gas for some time, and generally will be sufficient to remove all offensive odors.

A layer of equal parts of pulverized charcoal and ground plaster, with the addition of one-eighth part of copperas, will prevent the escape of all noxious odor from any decomposing substance.

One pound of nitrate of lead dissolved in a pailful of water, is well adapted to purify sinks, sink-drains and vaults. If these fail, chloride of lime or chloride of zinc are always effectual, and may be freely used in vaults and upon other collections of refuse: the former should be used sparingly in occupied sleeping apartments.

These substances are not expensive, and will effectually destroy all offensive smells. The quantity to be used, and the permanency of effect will depend upon local conditions in each case.

Dr. A. BURT, of this city, recommends the following as the best and cheapest disinfectants in use:

"The first preparation is called the *sulphuric acid mixture*. Take sulphuric acid, forty-five parts; water, twenty-one parts, being by measure for both; mix thoroughly, and when cold put in strong glass bottles (if to be kept for future use) with accurately ground stoppers. Half a fluid ounce of this mixture is to be used for each package of the common salt mixture. The common salt mixture is made of fine well dried common salt, 1,800 parts; binocide of manganese, 1,875 parts; to be well mixed and put up in packages, each containing 195 grains of the mixture. One of these packages placed in a plate or saucer, and thoroughly mixed with a half fluid ounce of the sulphuric acid mixture, is to be placed in the room to be disinfected; may remain for twelve or twenty-four hours, and be repeated every week or oftener, according to the necessities of the room. All rooms thus disinfected should be well ventilated before being used. Each package will yield about 57 cubic inches of chlorine. This quantity, when thus liberated gradually, in a space containing 15,000 or 30,000 times its volume of air, is borne without inconvenience by persons generally, and is not injurious even in pulmonary diseases. Very much, however, depends upon the ventilation of the apartments where it is to be used, and no absolute rules of application can be laid down, except that it should never be used in such quantities as to produce discomfort or bronchial irritation to occupants of the apartments.

"Sulphuric acid and binocide of manganese can be obtain-

ed at every drug store at very small expense, and as the other ingredients are always at hand, a small amount of money will furnish every family with one of the best disinfectants in use."

4. *Ventilation*.—The following extract is taken from a work on cholera recently published by Dr. C. DUNHAM, of New York. It is so relevant and important I quote entire :

"*Unventilated Sewers*.—The sewers receive the refuse from our houses. If the sewers were properly constructed, this refuse would never stagnate in them. But even so, decomposition of organic matter must continually go on in them, evolving noxious gases. To prevent these gases from flowing back into the houses through the waste and soil pipes, stench-traps are placed in these pipes. They consist of an elbow formed in the pipe, and in which water remains, constituting a barrier to the backward flow of the gases. But this is an effective barrier only so long as the gases are subjected to no upward pressure. If the gases be subjected to such pressure, they bubble up through the water in the trap, and pass into the house through the outlets of bath-tubs, wash-basins and closets.

"Now, it is notorious that in many instances no provision is made for the outlet of gases from the sewers. The gases accumulate, and, by this accumulation and by the heat evolved in their generation, they become subjected to pressure. They bubble up through the stench-trap, and pervade the house. Thus, *our houses ventilate our sewers!* Our refuse is discharged into the sewers, only that it may there be converted into poisonous gases, and be received again, in that form, into our houses. The more completely, under these circumstances, a house is provided with the "modern conveniences," the more deadly a habitation it is! There are houses in Fifth avenue and in Twenty-third street which have illustrated these facts by the sad experience of their inmates.

"In many houses there are, besides the main stench-trap already described, secondary traps under each basin, closet or sink. In these cases, the portion of pipe intervening between the main and the secondary traps, becomes a 'closed chamber,' in which the poisonous gases forced up from the sewer are confined. Any increase of temperature, even the varying heat of the house, will expand these gases, and cause them to bubble up through the secondary traps, and into the house, as before.

"These most serious dangers may all be obviated by *ventilating* the sewers or the waste-pipes. The latter can be done for himself by every householder. It is only necessary

to connect with his waste or soil pipe, just below the uppermost trap, a small pipe, which shall be led up through the roof, and shall open into the atmosphere, allowing the gases to escape. This will prevent any pressure of gases below the traps. Personal observation and experience have convinced us of the great value of this ventilation of waste pipes. On a large scale, ventilation of sewers in English towns has reduced the mortality from typhus to one-half its former amount.

"It should be noted that, as many of the predisposing causes of cholera are the same as those of typhus and of diphtheria, so preventives of the former are also preventives of the latter hardly less deadly maladies."

Thoroughly ventilate all parts of dwellings, especially sleeping apartments.

Keep cellars scrupulously clean, well ventilated and white-washed, and speedily remove from them all decaying animal and vegetable matter.

## II. CAUSES AFFECTING THE NERVOUS AND DIGESTIVE SYSTEMS.

1. *Personal cleanliness.*—Cleanliness of the body is of the highest importance. Bathing the surface of the body once or twice a week is sufficient to promote health. Cold bathing is admissible only in the morning; warm bathing or dry friction at any time. Excessive bathing involves loss of bodily vigor, and thus predisposes to cholera.

2. *Depressing passions.*—Mental agitation and undue indulgence of the passions should be avoided. Let not fear of the disease be encouraged by dwelling upon its alarming features, or allowing it to become a frequent subject of conversation. Do not worry about your health more than usual, or imagine that every slight digression from your ordinary habits indicates an attack of the disease.

3. *Excessive, mental and physical labor.*—Depression and debility resulting from exhaustive labor, mental or physical, frequently induces the disease.

Be sure to avail yourself of all needed rest. Observe regularity in hours of sleep.

4. *Imperfect digestion.*—Continue your ordinary diet,

observing moderation in the use of vegetables and fruits. Avoid eating any kind of food, especially fruit, late in the evening or at night.

Regularity in the hours of eating is important.

Articles known to be difficult of digestion, and to derange the action of the stomach and bowels, are to be scrupulously avoided. Pork, in any form, should not be eaten. Beef and mutton are far preferable.

Avoid raw or wilted vegetables, cabbage raw or cooked, new potatoes, spinach, rhubarb, pickles, salads, unripe, stale and acid fruits.

Abstain from all kinds of ale, lager beer, cider, adulterated sodas, lemonade and acid drinks.

Partake freely of wholesome food. Do not fast. Undue abstinence, especially from animal food, strongly predisposes the system to the disease.

5. *Excessive use of alcoholic stimulants.* — Do not establish the habit of taking alcoholic drinks as a safeguard. If accustomed to the use of wine, spirits or tobacco, give them up gradually. Four or six weeks is a sufficient time in which to break off the use of alcoholic stimulants or tobacco.

6. *Drinking water,* when impregnated with lime and other mineral substances, especially when contaminated with decomposing organic matter, is a frequent source of the disease. The connection between water rendered impure by decomposing animal or vegetable matter, and cholera, is established by the most irrefragable evidence, which can be adduced to an indefinite extent. Danger from both these sources may be avoided by using filtered rain water.\*

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\*In this connection, I cheerfully recommend a rain and river water filter, KIDZIE'S patent, manufactured at Rochester. Having had an experience of seven or eight years in the daily use of one of these articles, I have no hesitation in recommending it to the residents of Albany as an effectual purifier of the water with which this city is at present supplied.

7. *Warning.*—Avoid all drugs, nostrums, and especially “Cholera Specifics.” Opium, laudanum and paregoric should be administered only by the advice of a physician.

If the bowels are constipated, do not take purgative medicines. Homœopathic remedies, aided by a carefully regulated diet, will usually afford prompt relief.

For the slightest disorder of the bowels, send at once for your family physician. Do not trust the ordinary domestic remedies, except when you cannot obtain the services of a physician, or until his arrival.

8. *Prophylactics.*—*Cuprum* and *veratrum*\* are found by repeated trials to be safe and reliable prophylactics. They may be taken in alternation, a dose morning and evening. Each remedy may be continued two or three days. A teaspoonful of *flowers of sulphur*, worn in the stockings, is also recommended.

### III. TREATMENT.

1. *Premonitory symptoms.*—Cholera is a preventible disease. In its early stages it is always curable. In the last stage it is frequently curable, provided the previous habits of the patient have been conducive to health. The treatment of cholera is quite as successful as that of any other zymotic disease.

When cholera is epidemic, many cases occur in which the following symptoms are the most prominent:

Headache and confusion of the head, coated tongue, unpleasant taste, faintness in the stomach, slight nausea, loss of appetite, prostration of strength, slight tendency to diarrhœa, and sensation of relaxation and fatigue.

These premonitory symptoms usually continue two or three days. They require immediate attention, lest the disease proceed to a full development. The patient should at once seek advice of a homœopathic physician.

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\*Paper boxes containing eight remedies, including those above mentioned, with plain printed directions on each vial, prepared expressly for families, and persons traveling, can be obtained of any homœopathic physician.

Remedies administered in compliance with his instructions will promptly arrest the disease in its inception. In the absence of such advice *nux vomica* and *mercurius*\* may be given in alternation, at intervals of from two to four hours, as the symptoms require. The patient is seldom required to give up his usual occupation. He should, moreover, observe the foregoing suggestions in regard to diet and clothing, especially the use of the flannel wrapper around the abdomen.

2. *Symptoms of epidemic or sporadic cholera.*—If the disease proceeds to complete development, its presence is unmistakably determined by the following symptoms :

Copious, frequent and often painless watery evacuations from the bowels, at first usually bilious and quite offensive, but soon becoming odorless, and assuming the character of the peculiar rice-water discharges.

Excessive thirst, accompanied by copious and forcible vomiting, greatly aggravated by even a small quantity of any fluid taken into the stomach.

Sensation of faintness, weight, sinking or burning in the stomach, and in the bowels. Flatulent rumbling in the stomach and abdomen.

Sensation of suffocative pain and oppression in the chest, with rapid and labored respiration.

Thick, pasty coating on the tongue. Coldness of the tongue.

Face and lips, blue and cold. Sunken appearance of the eyes.

Coldness, dampness, blueness, and wrinkled appearance of the skin.

Cramps and spasms in the chest, abdomen and extremities, with coldness of the whole surface of the body.

Excessive prostration of strength.

Diminished secretion of urine.

Hoarseness of the voice, and extreme restlessness.

Although there is great diversity of opinion respecting the pathology of cholera, one of the essential features of the disease, in a large majority of cases, is supposed to be an accumulation of blood in the internal organs, chiefly congestion of the abdominal veins, and to so great an extent that

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\* See note, page 9.

the serum or watery part of the blood flows off in the form of the peculiar rice-water discharges. Accordingly, the medical treatment, as well as all the external adjuvants, should tend to the production of an equal and natural circulation in all parts of the system. Therefore,

3. *External adjuvants.*—The patient should be placed in bed immediately, and be covered with thick cotton comfortables. Woolen blankets may be placed over the cotton if necessary. Bottles of hot water should be applied to the feet, and sides of the body, in order to secure an equal and uniform circulation throughout the system, which will be indicated by warmth of the extremities and a gentle warm perspiration. Absolute rest in the recumbent position should be maintained, and the warm applications should be continued until the tendency to diarrhoea is entirely relieved.

Vigorous friction applied to the limbs, without removing the coverings, is highly beneficial. Warm, dry flannel, or flannel moistened with warm spirits and water, or the dry hand, may be employed. The external application of camphor and patent lotions of every description are to be avoided.

4. *Internal treatment.*—Send at once for a physician. Until his arrival observe the following directions:

The appropriate remedy to be given first is *spirits of camphor*. Drop ten drops upon a piece of sugar; dissolve the sugar in ten tea-spoonfuls of water, and give one tea-spoonful of the solution at intervals of from five to fifteen minutes, as the symptoms require.

As soon as the faintness and excessive prostration is somewhat relieved, or when the solution is all taken, give the patient *veratrum*, *cuprum* and *arsenicum*,\* at intervals of ten to thirty minutes, the intervals between the doses, depending upon the urgency of the symptoms. As a gen-

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\* See note, page 9

eral rule, when an improvement takes place, the intervals between the doses should be lengthened.

The patient usually suffers quite as intensely from excessive thirst as from any other symptom. It is not in the least allayed by copious draughts of cold water or any other fluid, but is rather aggravated thereby. The most effectual relief may be obtained from small pieces of ice placed in the mouth and allowed to melt slowly.

5. *Precautionary measures.*— When action of the bowels takes place, the patient should not rise from bed, as the exercise and change of position would increase the diarrhœa, and lest the removal of the covering should produce a chill. The evacuations should be immediately removed from the room and the house, and the utensils should be cleansed by scalding and by the use of some one of the disinfecting fluids before mentioned. It is doubtless true that the dejections become a very frequent source of communicating the disease. On this account several authors recommend the immediate burial in the earth, to the depth of one or two feet, of all substances vomited or purged. When convenient, this plan may be adopted. It is probable, however, that the free use of one or more of the disinfecting fluids, previously recommended on page 5, will effectually neutralize their contagious properties.

#### IV. DIET.

As soon as the nausea and vomiting are sufficiently controlled to enable the patient to bear nourishment, he may be permitted to partake, at first very sparingly, of beef, mutton, or chicken tea, seasoned only with salt, and with light bread or cracker broken up in the broth. When the stomach is unable to bear liquid nourishment, dry, light bread or cracker may be eaten frequently, in small quantities. Toast water may be given for a drink. Boiled rice, or corn-starch may be allowed as soon as the appetite calls for a more generous diet, to be followed in a few days by ordinary articles of food. Oysters, eggs and acid food are inadmissible.

### V. SUPERIORITY OF HOMŒOPATHIC TREATMENT.

*Allopathic testimony.*—The success of homœopathic treatment of cholera is now well known and acknowledged throughout the civilized world. Statistical evidence of the most undoubted correctness has fully established the claims of this system to superiority over all other methods of practice. The following testimony is gathered not alone from homœopathic sources; most of it is contributed by distinguished men who are not patrons of homœopathy. Allopathists ought clearly to give credence to statements made by members of their own school.

The following extracts are taken from the writings of Drs. SHIPMAN, WALKER, LIPPE and DUNHAM, chiefly from the latter.

In Paris, in 1848-50, Dr. TESSIER, in the hospital St. Marguerite (Hotel Dieu annexe), treated cholera patients in his wards homœopathically. The general report made, not by TESSIER, but by allopathists, gives for *his* wards a mortality from cholera of 34½ per cent, while in the other wards and hospitals the mortality was 57 per cent.

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

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

Dr. GERTZEL, of Vienna, and Dr. F. F. QUIN, now a venerable and distinguished practitioner in London, treated cholera in Tischnowitz, Moravia, in 1831. At the close of the epidemic, a report was made to the Austrian government by the Inspector. It concludes as follows:

“The proportion of deaths compared with other places in which the epidemic raged, was small. The homœopathic

treatment, which was carried out to a great extent by Dr. GERSTEL, was the cause of this favorable result.

(Signed) "DR. VICTOR MEKARSKY VON MERK."  
"K. K. Inspector."

In 1836 cholera visited Vienna a second time. The practice of homœopathy was at that time forbidden in Austria, but permission was obtained to open a homœopathic cholera hospital. I state the result in the words of Mr. WILDE, of Dublin, the distinguished aural and ophthalmic surgeon, who is no friend of homœopathy. He says (Austria and its Institutions, p. 275):

"Upon comparing the report made (by the government inspector, who visited the hospital daily) of the treatment of cholera in this hospital with that of the same epidemic in the other hospitals of Vienna at a similar time, it appeared that while *two-thirds* of those treated by Dr. FLEISCHMAN (homœopathic) *recovered*, *two-thirds* of those treated by the ordinary methods, in other hospitals, *died*. This very extraordinary result led Count KOLOWRAI, Minister of the Interior, to repeal the law relative to the practice of homœopathy."

Thus, the very fact that the practice of homœopathy has been sanctioned by law, in Austria, since 1836, is an eternal monument and testimony to the superior success of the homœopathic treatment of cholera.

"In 1854, in Great Britain, government established a medical council to gather returns of the mortality of cholera under every method, and to report to Parliament.

"When the report was submitted to the House of Commons, it was noticed that the returns of the homœopathic practitioners and of the London Homœopathic Hospital were not included in it. The House of Commons thereupon called for these rejected returns, and they were presented in a separate report, entitled 'Return to an address of Hon. House of Commons, dated May 17, 1855; for — copies of any letters; \* \* \* together with copies of any returns that have been rejected by the medical council.'

"This return gives the statistics of the London Homœopathic Hospital, attested by Dr. McLOUGHLIN, an eminent allopathic physician, who was government inspector of cholera hospitals, by appointment of the same medical council which rejected the returns!

"The mortality of cholera in the homœopathic hospital was 16.4 per cent.

"Under allopathic treatment, during the same epidemic, the medical council's return to Parliament gives the mortality as 59.2 per cent."

In a public letter contained in the report of the

Homœopathic Hospital, and addressed to one of the physicians of this hospital, Dr. McLOUGHLIN (government inspector) says (see return to House of Commons):

"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. \* \* \* That there may be no misapprehension about the cases I saw in your hospital, I will add that all I saw were true cases of cholera, in the various stages of the disease; and that I saw several cases 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 every one 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 a homœopathic than an allopathic prescriber.

"I cannot suppose that anything I have said above can be of value to the homœopathic system; but such as it is, you are at full liberty to make what use you please of this letter."

"From 1831 to 1848 the mortality of cholera patients treated by the ordinary "regular," or allopathic treatment, *at their own houses*, throughout Europe, was one in two and a half cases, or more than 39 per cent. In hospital practice, during the same period, and under the same method, the mortality was one in one and a half cases, or more than 57 per cent.

"During the same period, the mortality of patients treated at their own houses, by homœopathic physicians, was one death in 11 cases, or a little more than 9 per cent.

"In homœopathic hospitals, the mortality was one in 3 1-12 cases, or a little more than 33 per cent.

"In the epidemic of last year in Smyrna, the deaths under allopathic treatment were 50 per cent; under homœopathic treatment, 8 per cent.

"In the city of New York in 1832, the mortality under allopathic practice was: in hospitals 50 per cent; in private practice, 33 per cent.

"In 1849, the mortality under allopathic practice was, in hospitals, 53.7 per cent; in private practice, 34.7 per cent.

"During this epidemic in New York, the aggregate mortality under homœopathic treatment, under many disadvantages, was 15 per cent.

"In Cincinnati, during the epidemic of 1849, Drs. PLUTE and EHRMANN treated 1,116 cases with but 35 deaths; in

addition to this they treated 1,350 cases of cholera or diarrhoea, without a single death."

Dr. WALKER publishes the following summary :

"Calculating the general mortality over all civilized countries, from an immense number of statistics collected by allopathic writers, the ratio of deaths is just one-half. According to their own statements, it seems to make very little difference what remedies were used — the general average of deaths, under their treatment, remained the same.

"Under homœopathic treatment, the mortality, calculated precisely in the same manner, is reduced to almost an incredible extent — the general average of deaths in private and hospital practice not being over 16 per cent. In private practice, 11 per cent, or one death in every nine cases, is the highest average, and in hospitals 33 per cent."

Dr. DUNHAM closes his article on cholera as follows :

"Summing up the whole number of patients hitherto reported as treated homœopathically, in Europe and America, both in private and in hospital practice, we find a mortality of 8 per cent, while the most favorable statement of mortality under allopathic treatment is 32 per cent."

Or, in other words :

"Let it be remembered, as a grand result of statistics hitherto, that in cholera the homœopathic treatment saves 91 in 100 cases ; allopathy saves never more than 68 in 100 cases."

