THE TREATMENT OF INTERMITTENT FEVER.

BY AD. LIPPE, M. D.

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MY DEAR SIR:—I meet with some difficulties here, and have several times made up my mind to write to you for assistance. You are probably aware that Western Homœopathicians assert that intermittent fever cannot be cured with High Potencies. I always regarded this as an indication either of ignorance, or of a want of capacity to *master* the fundamental law of our system, and *pluck* to adhere to it through fire and water; but I must acknowledge that I am puzzled. I have walked myself into a blind alley, I fear, and it will be necessary to retrace my steps in order to get on the main track. I have made the assertion that I would not give Quinine to cure or check "chills and fever," or, in any case, use means not strictly Homœopathic. I am naturally *an implacable enemy to all compromise.* I *hate* to mix up things, or see any one else do it—to turn order into chaos. I say to myself Quinine and China have certain *specific* symptoms, which they produce on the healthy; and in our Materia Medica, we find others, obtained from the sick and well, established by experience, which *belong to China.* If my patient presents a picture of China, I, of course, give him China; but if he doesn't, why shall I give it to him in massive doses, or in any form? If the symptoms of the patient and those of China do not correspond, and I insist on giving him the drug, I do not practice Homœopathy. I praticce something that is regulated by no fixed laws or *truth.*

Since settling here I have had quite a number of cases of "fever-and-ague," and treated them with very poor satisfaction. In districts where "ague" prevails, you know, every body has a "cure" for it, and persons affected with it are bound to have it broken up "right away." If you fail to prevent the next chill, they go to some drug store, procure a specific for it and stop the "chill" sometimes! I rely en-

tirely on the higher Potencies—200th and upwards—and have cured some obstinate cases, one of five months' standing with two doses of *Lyc.* 200th and 6000th; but as a general thing they fail to do any good. I treated one case two weeks without success. The symptoms were somewhat difficult to get at, but the following were the chief: Thirst; violent before and during chill, and during fever or heat, not during sweat; face was red during entire paroxysm, but particularly so during fever; feet very cold during heat, also hands; no appetite on the "unwell day," and not much on the following day: tertian type coming on about twelve, M. "Dreadful headache" during *paroxysm.* Bowels constipated. Longing for roasted potatoes. Restless during chill and fever. Pain in back and limbs, and aching in liver. She rolls and tumbles about. During fever, nausea. During apyrexia, weak; palish face, blue semi-circles under the eyes; but cheerful. Sweat profuse, according to account given by her mother, but not noticeable, according to father's story. I inferred that the mother was right from the fact that she drank so much—"half a pail of water every other day." The remedies used were *Arsen., Bell., Acon., Caps., Eupat. per.* The complaint commenced with terrific headache and fever, without chills. It was only after the lapse of about a week that chills appeared. I labored faithfully to find the remedy, and with the determination to cure with remedies between which and the complaint I could see some similarity; and if I couldn't do this, rather than sacrifice principle, to let them give her patent medicines, which they finally did. If you look at the cases related by Dr. Williamson, under *Eupat.*, in Hale's New Provings, you will find an exact picture of the case, with the exception of the *double* tertian character. I got some *Eupat. per. 14 c.* first, from my predecessor, and gave a solution of five drops in half a tumbler of water, a teaspoonful every two hours during the day preceding the paroxysm. The next paroxysm, they said, was a little less severe; but before I saw her again, they had administered some of "Sappington's Pills." Here my connection with the case of course stopped.

I have a case now with the following symptoms: Chills early in the morning, preceded and accompanied by thirst, with diarrhœa during chills. Sleeps during fever. No appetite; fretful. Face pale during chill and apyrexia, and a little flushed during fever. Sweat not very profuse. Appetite has been poor for sometime. Grits his teeth during

sleep, which is rather restless. Remedies: *Ars. 2 c., Cina 2 c;* two doses of the former, and three of the latter. Result: patient no better. I was going to give him *Nux vom.*, but I suppose they have concluded that I can't cure him, and do not therefore apply for medicine. The patient is four years old. I suppose you will condemn the prescriptions and the repetition. But if you were in my place, in all respects, with your own mind and my experience, I doubt whether you would escape the commission of mistakes. As I am a son of your Institution, and you one of the Fathers, I naturally turn to you for information, knowing that you will not allow me to continue in this miserable condition much longer; for it makes me miserable to fail of success.

The case referred to, which was cured with *Lyc.*, had the following symptoms:

Two weeks after confinement was attacked with intermittent fever; paroxysm every other day. When I saw her she had been suffering five months; face was very pale; peculiar bluish-purple, transparent semicircle under eyes; yellowish tinge over face. Was weak. Pain in stomach severe during chill. Attack came on in evening; pale face during entire paroxysm; no appetite on sick day until after paroxysm. For these symptoms I gave one dose of *Ars. 40 m.*, which stopped the pain in her stomach; her color also improved; but the other symptoms remained unchanged. After several paroxysms, she called again, and in addition gave the following symptoms: Burning between her shoulders, as if a coal of fire was lodged there: goes into vertex, where it rests and burns. During the night she has to get up and expose her back to open window in a draft. Can't bear feathers or tight clothes; it makes her nervous to see people lacing tightly. This burning has returned regularly for the last sixteen summers; comes on with summer heat; better on cool days, and disappears in the fall. After searching several hours, I found her condition very nicely pictured under *Lyc.* and determined to give her one dose *6 m.* She called three times during that day, and always missed me. Finally, my predecessor, who knew what I had decided on, gave her *Lyc. 2 c.* I was sorry for this, for I wanted to prove to him that she could be cured with High Potencies. She was waiting for some more powders, and I gave her a package with the other dose. The result was most gratifying. She had no more chills, and the burning improved instanter. Hoping to hear from you very soon, I remain yours, etc.

B.

The above letter is answered here publicly by permission of the writer. The letter contains three points:

1. The Western Homœopathicians assert that intermittent fever cannot be cured by High Potencies.

2. That intermittent fever has been cured by High Potencies.

3. Assistance is asked to prevent failures in the cure of intermittent fever.

On the first two points no comments can well be made at p esent, as the question of "doses" must before long be decided by experience;* but we must first come to understand clearly how the proper curative remedy can be found for the sick, in general, and for those suffering from intermittent fever, in particular.

Hahnemann's advice how to treat intermittent fever, given in his *Organon,* in 1833, is as true and instructive now as then. He says in the fifth edition of the *Organon,* § 233:

"The typical *intermittents* are those wherein (during apparent good health) a morbid state, equally severe, returns at certain intervals, and vanishes again after having lasted for an equal length of time. This is met as well in the apparently feverless, but periodically appearing and again disappearing morbid conditions, as in those accompanied by fever—the manifold intermittent fevers."

§ 235. With respect to *intermittent fevers*† appearing

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* Vide American Hom. Review, Vol. IV, p. 135.

† Till the present time Pathology (still remaining in unconscious infancy) only knows of one solitary *intermittent fever*, which she also terms ague; no other difference than the interval which exists between the paroxysms is admitted, the quotidian, tertian, and quartan, &c. But besides the variety which they present in regard to the periods of their return, the intermittent fevers exhibit yet other changes that are much more important. Among these innumerable fevers there are many which cannot be denominated ague, because their attacks consist only of heat; others are characterized by cold only, succeeded or not by perspiration; while yet others freeze the body of the patient, and cause, notwithstanding a sensation of internal heat; or even create an internal feeling of cold, although the body is very warm to the touch. In many, one of the paroxysms is confined to shivering or cold, which is immediately succeeded by a comfortable sensation; others consist of heat, followed, or not, by perspira-

sporadically or epidemically (not the endemics of marshy districts) we often find paroxysms composed of two contrary states—cold and heat, heat and cold; and we frequently find them composed of three states—cold, heat, and perspiration. For this reason, it is necessary that the remedy employed against them, which is selected from the medicines hitherto tried, commonly from the non-Antipsorics, shall likewise, as the surest means, be able to excite in healthy persons two, or all three, of the morbid stages which are similar; or, at least, it shall have the faculty of exciting, with all its accessory symptoms, the strongest, most prominent and distinct contrary morbid stages, and correspond Homœopathically in similar symptoms (either with the condition of the chill and its accessory symptoms, or with the fever and its accessory symptoms, or with the perspiration and its accessory symptoms), as the one or the other of the contrary morbid stages is prominent, or more distinct; yet the state of the patient,

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tion. In one case it is heat that manifests itself first, and cold succeeds; in another, both the cold and heat give place to apyrexia, while a second paroxysm, which sometimes does not occur before an interval of several hours, consists merely of perspiration. In certain cases no trace of perspiration is perceptible, while in others the attack is solely composed of perspiration, without either heat or cold, or of perspiration that follows during the heat alone. There exist, likewise, innumerable differences relative to the accessory symtoms, the particular kind of headache, the bad taste in the mouth, the nausea, the vomiting, the diarrhœa, the absence or degree of thirst, the kind of pain felt in the body and limbs; sleep, delirium, changes of temper, spasms, &c., which manifest themselves before, during or after the cold, heat or perspiration stages; without taking into account a multitude of other deviations. These are assuredly intermittent fevers that are very different from one another; each of which demands naturally its own homœopathic treatment more appropriate to it individually. It must be confessed that they may almost all be suppressed (a case that occurs so frequently) by large doses of Cinchona or Quinine—that is to say Cinchona prevents their periodical return, and destroys the type. But when this remedy is employed in intermittent fevers, where it is inappropriate, (as is the case with all epidemic intermittents which pass over whole countries, and even mountains,) the patient is not at all cured because the character of the disease is destroyed; he is still indisposed, and often much more than he was before; he suffers from a peculiar chronic Bark-complaint. And should we term this a cure which even the true healing art can scarcely cure after a long time?

during the apyrexia especially, must indicate the choice of the most appropriate Homœopathic remedy.*

"§ 236. The best, most appropriate, and serviceable method in these cases, is to administer the remedy immediately, or very shortly after the termination of the paroxysm, as soon as the patient has, in some measure, recovered from it. Administered in this manner, it has sufficient time to produce in the organism all its various effects to restore health without violence or commotion; whereas, if taken immediately before the paroxysm (even though it were Homœopathic or specific in the highest degree) its effect would coincide with the renewal of the natural disease, and excite such a strife in the organism, so powerful a reaction, that the patient would lose at least a great portion of his strength, and even life would be endangered.† But when the medicine is administered immediately after the termination of a paroxysm, and long before there are any preparations for the next attack, the organism is in the best possible condition to allow itself to be gently modified by the remedy, and by these means returned to a state of health.

"§ 237. If the period of the apyrexia be of short duration, as is the case in some very malignant fevers, or if it be disturbed by symptoms which belong to the preceding paroxysm, then it is necessary to administer the Homœopathic remedy as soon as the perspiration, or other symptoms, indicating the termination of the attack, begin to diminish.

"§ 239. Almost every medicine in its simple action, produces a peculiar fever, and even a species of intermittent with its contrary morbid states, which differs from all those fevers excited by other medicines; consequently, the immense number of medicinal substances present the means of com-

* Dr. Von Bœnninghausen, who has done more for our benevolent healing art than any one of my disciples, did, with great circumspection, facilitate the finding of the curative remedy for the various fever epidemics, in his work: "Versuch einer Homœopathischen Therapie der Wechselfieber" 1833, Munster.

† There are proofs of this, unfortunately, in the too frequent cases where a moderate allopathic dose of Opium, administered to the patient during the cold stage of the fever, has quickly deprived him of life.

bating all natural intermittent fevers Homœopathically. Some efficacious remedies against a multitude of these affections have already been discovered in the comparatively few medicines that have as yet been tried on healthy individuals."

Such was Hahnemann's plain and explicit advice in 1833, and the physicians who have followed it, one and all, testify to its correctness. Since then a large number of medicines have been proved and added to the means of curing this disease.

The question yet to be answered is this: How shall the busy practitioner find the curative remedy—where are the means to find the symptoms of the medicine corresponding to those of the fever? The choice of the remedy is much facilitated by the aid of Bœnninghausen's Essay on Intermittent Fever, published in English by Wm. Radde, New York, 1845; and by a later, second edition of the same work, much augmented and improved, published by Dr. Bœnninghausen, in 1864, and not yet translated. To these already numerous observations can easily be added such as have been made in this country; and if we would only follow the good example of Dr. Von Bœnninghausen, write down carefully every case of intermittent fever we have to treat, prescribe as well as our means will permit, and mark the result, we will soon be enabled to point out with certainty the characteristic fever symptoms of every remedy, and will easily find the specific remedy for such epidemics. The more careful we are in the selection of the remedy the greater must be our success, and the less often will we find it difficult to determine the proper remedy at once. To know, or to publish, that this, that, or the other medicine has cured cases of intermittent fever, is of no value whatever. The question is: In what particulars did the fever, for which a new remedy was found to be curative, differ from other similar fevers? For instance, *Gelseminum*—What symptoms in its provings drew the attention of the physician to prescribe this and no other remedy in a well-related case, and what symptoms, not found in the provings, were also cured not only in this, but in other

cases? In this manner we ascertain the *characteristics* of a remedy. *Cactus grandiflorus* has cured intermittent fever with symptoms differing from those known of any and all other medicines. If we add these new observations to our Essay, we will soon be in possession of a great aid in selecting the true curative remedy in difficult cases.

For the sake of illustrating the mode of finding the remedy, we will take up a case from the above letter, which was treated unsuccessfully.

The patient had thirst *before* the chill. This symptom is not always present. It is rather an exception, and therefore characteristic of the case. We find it under *Eupatorium*, but also under *Arsenic.*, *China*, *Pulsatilla*, *Arnica*, *Cina*, *Nux v.*, *Sulphur*, *Belladonna*, *Lachesis*, *Rhus*, *Sepia*, etc.

The thirstlessness *during* the perspiration, and the thirst before the chill, are under *Pulsatilla*, *Arsenic*, *Rhus*, *Sepia*, *Belladonna*. The pain in the back and the headache during the paroxysm, in conjunction with the former symptoms, are under *Arsenicum*, *Pulsatilla*, *Rhus*, *Sepia*.

The coldness of the feet during the fever (hot stage) in conjunction with the former symptoms, is found only under *Pulsatilla* and *Sepia*.

The choice is now only between *Pulsatilla* and *Sepia*. The other symptoms stated are also under both medicines. It would now become necessary, before deciding conclusively which of the two medicines was the more Homœopathic to the case, to examine the patient again, look at his tongue, ask about his taste, state of the bowels; but above all the mental symptoms might decide. And most likely, *Pulsatilla*, having the characteristic symptoms of the patient in a higher degree, would be the curative remedy. A comparison with the provings would finally settle the question, and the result could not but be gratifying.

For further illustration, I will give a case from my journal, which is by no means a model case, but illustrative of the necessity of an accurate choice of a remedy, if we expect success.

Mr. T., aged sixty years, asked for advice; had been unwell for some time; had lived in the country for some years; was in town to be treated. According to his symptoms, I gave him one dose of *Pulsatilla* 200th on the evening of the 20th of July. On the 23d of July he had his first chill at five, P. M., lasting an hour, followed by heat and then perspiration, the paroxysm ending about three, A. M. The thirst was quite constant, drinking but little at a time; and the restlessness, compelling him to toss about, during the fever especially, was very great. During the paroxysm he complained of back-ache and headache. On the morning of the 24th of July, I gave him one dose of *Arsenicum* 200. The fever paroxysm returned that day one hour earlier, and was less severe. No medicine. July 25th, the paroxysm returns at five, P. M., and is more severe. No medicine. July 26th, the paroxysm returns at six, P.M.; and visiting him at eight, P.M., I found that the chill had been very severe, shaking him dreadfully for two hours; after the chill, nausea and vomiting of bile; during chill and fever he breathes very quick from oppression of the chest; cannot well talk on account of the oppression. Is not restless, but suffers from anguish; lays quiet; has much thirst; no sleep, but perspires all night; no appetite; pain in the liver, which seems to be smaller than formerly. After a careful comparison of the symptoms with remedies having some similarity with the case, I selected from among *Apis, Arsenic., Ipecac., Kali carb., Mezereum, Nux vom., Pulsatilla, Rhus* and *Seneca*, the most similar one, *Kali carb.;* and was led to the selection by Symptom 1227, in Hahnemann's Chronic Diseases: "*Violent chill, towards evening, for some minutes; he must lay down; followed by nausea and vomiting and spasmodic pain in the chest, through the whole night, with short breathing, with much internal anguish, and much perspiration about the head.*" The patient received at four, A. M., of July 27th, one dose of *Kali carb. 19 m.* (Dr. Fincke's preparation). The chill returned on that day (July 27th) one hour earlier, but less violent; all the concomitant symptoms were less severe; no vomiting. No

medicine. July 28th, no chills. July 29th and 31st, slight chills recurring over an hour earlier each day. No medicine. Since then no more chills or fever; appetite and sleep returned gradually; the constipation, which had been permanent during the attack, was the last to yield. Strength and spirits good on the 10th of August.

If it is evident that intermittent fever can be cured, provided we find the proper remedy, and also that in some cases it is difficult to find it with the aid we possess at present, nothing remains for us to do but to obtain this aid by following the plan of our predecessors who have shown us the manner in which it can be done best. Hahnemann has already pointed out the characteristic fever-symptoms of China; and if we diligently follow him, see how he found them, how they proved to be correct, we have only to imitate him. We must individualize, and not make a useless effort to generalize; and in a very short time, augmented observations will enable us to cure intermittents with the same ease that we now cure other fevers.

The Proving of the Cistus Canadensis, or Rock-rose, was unfortunately received too late for the present number. This is the more to be regretted, since we are thus not only deprived of our intended Materia Medica Department for the third number, but the printer being compelled to make up the forms at the last hour from such material as he had in hand, we are unable to present such a variety of contributors as was anticipated.