Original Communications.

TREATMENT OF CHOLERA.

By JAMES GARDNER, L.R.C.P.Ed., Bungay.

In my remarks on the subject of the pathology and treatment of cholera, inserted in the Journal of September 16th, my principal object was to elicit from those in the profession who had previously had some experience of the disease such practical information as would serve as a guide, and assist us in deciding how to act, should the disease come upon us. Since that time, two more cases have occurred in my own practice, both more severe in their character than the former cases. Both occurred in the latter part of September, since which I have met with no other cases. I am present merely observe that the violent retchings were stopped in both instances by calomel alone.

So far, we have received very little guide from the cases reported, with regard to the practical treatment of the disease. Should, however, the disease attack myself, the treatment that I should pursue and recommend to others would be a warm bath immediately, and remain in it until reaction takes place; putting four or five grains of calomel alone on the tongue; drinking cold water (with ice, if procurable). Should the sickness not abate in an hour, three grains of calomel should be given; and, on coming out of the bath, the patient should be wrapped up in blankets; hot bottles of water should be put in the bed; and frictions with camphorated oil and turpentine should be used. When reaction is restored, and feverish symptoms come on, an effervescing draught, with citrate of ammonia and soda, can be taken to allay thirst and fever. The principal object to accomplish is to restore the action of the liver and kidneys; as, unless this can be done, the disease invariably proves fatal. The first signs of recovery are, a return of bile in the evacuations, and urine from the bladder. I do not know if any post mortem examination have been made in any of the cases already related. But would it not be satisfactory to know if there was any bile in the ductus communis choleeochus or urinary bladder; and what was the state of the blood in the heart and vessels?

In the outbreak of cholera in 1832, my uncle, one of the old class of practitioners, who was in practice at Streatham, attended Brixton Prison, where the disease was very violent and carried off several of the inmates. He informed me that, after losing six or seven in a very short space of time, he applied for permission to make a post mortem examination, which was granted. After doing so, he induced him to treat all the other cases which occurred afterwards by putting them into a warm bath immediately, and bleeding whilst in the bath. He told me that, after pursuing this treatment, he did not lose another case. His explanation was, that he found the blood dark and coagulated in the heart and larger vessels; and that, from being drained of its fluid part by the excessive flow from the bowels, it was unable to circulate; so that the warm bath produced reaction sufficient to take away enough blood to restore the circulation. As much cold water was given in the meantime as the patient could drink.

Although my chief object has been to elicit some practical treatment of the disease, and not to enter too deeply into the pathology or physiological part of the question, I should wish to make a few observations, as concisely as possible, on the two vexed questions, as to the contagiousness of the disease, and whether it can arise de novo, or, in fact, without contagion.

In my former article, I mentioned that Dr. Wilson of the Haslar Hospital gave it as his opinion, from what he saw of the cases which occurred there in 1848 and 1849, that the disease was not contagious, because not any of the nurses, or those in contact with the patients, had the disease. This was nearly of the same opinion, from the fact of being shipwrecked on board ship with the disease, and seeing those in attendance on the sick, and all the Europeans, with the exception of one formerly reported, escape the disease; as well as from observing its sudden departure on our getting to sea. This certainly appeared strong proof of its non-contagiousness. However, on giving the matter further consideration, I was induced to change my opinion from observing, what no doubt many other medical practitioners have seen in their practice, that other zymotic diseases, such as small-pox, measles, and scarlatina, which are known to be contagious, follow the same eccentric course, attacking sometimes one or two in a family, those in attendance escaping; and the next week, another family residing at some distance, in an apparently healthy spot. All we can say, is, that those attacked are, from a variety of causes, predisposed to the disease; and those escaping are enabled to withstand it. That the disease is communicable may, I think, be considered a settled fact. Such is certainly the opinion of the country practitioners whose opinion I have had on the subject. The cases at Epping, too, strongly corroborate this; and, if I remember rightly, Key of Guy's Hospital fell a martyr to the disease from going to a cholera patient, after coming home tired in the evening, without staying to take some refreshment. Of the many predisposing causes, I may mention fear as no doubt the worst; and this may explain why we see sometimes the apparently strong and robust man so easily succumb.

As to the question of zymotic diseases arising de novo, or independently of contagion, I find that time will not admit of my discussing it with that fulness which it deserves. Perhaps I may be allowed, on another occasion, to give the experience of between twenty and thirty years of fever seen in India, Australia, and China; having been twice struck down myself, once in India, and again in Australia; and nearly losing my life in both instances. In the latter place, as bearing on the point, I may mention that, after taking out emigrants in 1853, I was induced to go up the country and try my luck at the diggings (practising). The place to which I went was newly formed, about five or six miles from Ballarat. Gold being found in large quantities, a rush was made, so that there were probably two or three thousand people assembled in the spot previously uninhabited. The only provisions to be procured were flour and damper. The sanitary state was quite unheeded. In the first month, there was not one case of fever. Soon afterwards, however, one case occurred, then another; and at the end of the three months they were dying by scores of pure typhoid fever, in several instances running into typhus. I was with a party of nurses. One managed to reach Geelong; and died; his death was reported as due to tertian ague. I then fell ill myself, managed to reach Geelong, was admitted into the hospital, and recovered, but was obliged to come home invalided.

Now the question arises, how did this fever originate? Was it from contagion? or, as it is called, de novo? I leave it for the profession to judge.
And now I have a proposition to make to the members of the Association. A commission is now sitting to take into consideration the disease amongst cattle; and I have no doubt that the inquiry will be efficiently carried out. But as we are threatened by a disease equally disastrous to ourselves and fellow-creatures, if not more so, and as the Government does not seem inclined to stir, will it be out of the province of the Association to take the matter up? I would suggest that a Committee of the Association be formed to gain all the information as to the nature and treatment of cholera; that all the different Branches should form Subcommittees, and meet to discuss the subject; and I appeal to all the members of our Association to aid in carrying out the details, which I leave to the Committee to advise.

ON THE HOT WATER AND MUSTARD HIP-BATH IN CHOLERA.

By Joseph Bullar, M.D., Physician to the Royal South Hants Infirmary.

That my early friend Dr. Risdon Bennett’s experience, in his large field in 1849, confirmed the principles of the means I have advocated as worthy an immediate trial in the epidemic now visiting us, must have its due weight.

Many years have passed since we both were fully engaged, though at a distance, in endeavouring to combat a disease which has not appeared since (with one partial exception) with the same violence; and, therefore, old modes of treatment, if good and safe, require to be revived for those especially to whom this disease is a novelty, and are asking, What shall we do?

I am not desirous to draw wider inferences from a single case than that case warrants; and it warrants the inference, that this common but powerful remedy of a hip-bath of hot water at 110°, with mustard (say from one to two ounces to a gallon), for half an hour, if used early, when all the symptoms are indeed present, but have not continued so long as to produce that dead state of blood from which recovery is very rare, is calculated, by its powerful revulsion to the surface, to stop the fatal flow of the uncoloured blood through the mucous membrane of the stomach and intestines which is destroying life by a white hemorrage.

As the great principle we all acknowledge as practically proved in this country is, that the mortality is diminished by arresting the premonitory diarrhoea to which so many are subject when cholera is present—so looking on that stage further: to that condition in which indeed vomiting and purging of rice-water, and cramps, and collapse of the surface, and its commencing lividity and failing pulse, are present, but before the next stage, in which the patient lies leaden, cold, prostrate, exhausted, with hardly power to vomit or to purge, with a hardly perceptible or absent pulse. In the stage preceding this fatal collapse, the immediate application of as powerful a stimulus as we possess—great heat and mustard— to the abdomen itself may, as in the case I related, be the turning point in recovery.

This inference the single case warrants; and, in emergencies by the bedside, we more often get from one fact, a central fact, well observed by ourselves, a more useful lesson (as my old friend will admit) than turning points in history based on an multitude of so-called facts, often loosely tabulated by others or imperfectly remembered by ourselves.

But it is this premonitory period of the fatal stage in which there is hope from such a remedy. Let this stage pass, neglected most often, or as bad, treated by mere placebos, or even by strong remedies more likely to some of our remedies to that condition in which there is no real stamen left, and when a powerful stimulus excites the living powers for a short time only, and then they gradually or quickly cease.

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