



Letters to the Editor.

(Notes, Queries, &c.)

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not IN ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

To the Editor of "The Nursing Record."

WHY DO WE DIE OF CHOLERA?

DEAR SIR,—At a time when Cholera is occupying the thoughts and attention of Nurses, a few recollections of past visitations, when alas! we had no need to go to Hamburg to see or to nurse Cholera, may not be without interest to my young Nursing readers, especially those who from duty or distance were prevented from attending the recent Head Quarters Lectures on Cholera Nursing of the R.B.N.A.

In an ordinary sense, but little nursing goes to Cholera. Its brief duration, its awful fatality, the rapidity with which (in a Hospital sense) the sufferers recover when they *do* recover, tend to direct nursing efforts rather towards *preventing some one else from having the disease* than any hope of rescue for the patient.

Let us first consider in what respects Cholera Asiatica (the elder medical writers called it Cholera Morbus) differs from diarrhoea, which is sometimes called choleraic, and is often fatal. The diseases may be analogous, but

clinical experience shows us they are not the same. Cholera *is* Cholera, and bears about the same resemblance to diarrhoea that Niagara does to an Alpine waterfall.

One of the diagnostic symptoms of Cholera are those profuse watery and uncontrollable dejections called the rice-water stools, and the effect of this awful flux is to drain the tissues of their fluids, notably the blood, which thereby, is altered in character and consistency, becoming rigid, sluggish, and *thickened*. Let us bear in mind these two pathological developments of the disease: "thickened blood" and watery flux, and we shall see how interesting are the points they lead up to.

We will first briefly touch upon the blood, which we all know consists of two portions, a colourless fluid called serum, and a coloured portion called blood corpuscles, and these again have a remarkable physical difference in colour, those found in the veins being purple, and those in the arteries, bright scarlet. Now these corpuscles float (as it were) and are borne on the current of the serum, first to the heart and thence to the lungs for oxygenation, and then sent back from the lungs to the heart, to be distributed to every organ of the body. A great French physician called the arterialised corpuscles *oxygen carriers*—life givers, and the venous corpuscles which bear from the system the deadly carbonic acid *from* the tissues—*death carriers*, and the different colour of the blood is due to this marvellous exchange of function.

Now what happens when the blood is denuded of its serum in Cholera. Its current is arrested, the turgid stream can only flow to the heart; but slowly the feeble heart cannot send it to the lungs for oxygenation, the corpuscles no longer ply their restless busy task; slowly and surely *the fire of life dies out*, and we call it death.

Let us now turn to the clinical knowledge we derive

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