

from the facts we have just discussed. The effect of the stagnation of the blood stream shews itself in torturing cramps (like no other cramps) especially in the lower extremities, that present a gnarled appearance from the stiffening of the muscles, but too often commencing death, intense abdominal pain, the dusky hue of the face, its deadly apathy—the coldness of the body, a coldness from *within*, not mere surface coldness—these are the more noticeable effects of the stagnation of the blood, or intense venous congestion.

Let us turn to some of the collateral effects of the draining of the fluids of the tissues—the ravenous insatiable thirst, a sort of despairing cry of Nature for fluids—who thereby gives us a great clinical lesson (only it has taken us a long time to learn it) that as only fluids can replace fluids, we must *feed the blood*, and endeavour by restoring its lost fluids to excite the circulatory current *in time* to save life. Some patients crave for cold drinks, and others take any drinks that are given them—but all find that *fluid nourishment is imperative*.

Another effect of the drain upon the fluids of the body is its rapid emaciation, and this is shown in the singularly wasted hands, accompanied by a peculiar sort of grip, that has been called the “tiger-claw” of Cholera.

The facies of the disease is quite characteristic. Apart from actual disfigurement, I know of nothing that so alters the countenance as Cholera marked features; the sunken eyes, the dark shade of the face, its one expression of apathetic despair are some of the most noticeable points. The writer attended some admirable lectures on Cholera on our last visitation (we had cases as well then), when the Doctor showed some realistic coloured plates, life size, of the faces of Cholera patients—I think they

were taken in Paris—which portrayed the changes I have just described, most wonderfully. So altered are the sufferers that their very dearest can hardly recognise them, and, although conscious to the end, they do not appear to recognise them, or anything around them.

Whilst upon the subject of Cholera it may not be without interest to touch upon some of the methods pursued by Physicians in past years—which, as usual, were based upon mild efforts at cure. Amongst others, three agencies were greatly relied upon, purgatives, narcotics, and brandy—of the first two days calomel (an Indian dress) and castor oil were administered under an idea that cholera could be eliminated from the system by *purgation*—“*a similia similibus curantur* notion”—these purges were combined with the two last mentioned remedies, opiates and alcoholic stimulants, and one Physician of much eminence in his day pinned his faith to brandy and laudanum, and discarded *eliminates*(?) The etiology of the disease shows us that *narcotics* are not advisable—we do not want an *arterial* sedative here, and I think we must all admit that there is quite enough purging.

Then another and more recent line of treatment was adopted, and minute doses of chloroform and dilute sulphuric acid given in abundance of water was administered to the sufferers—a merciful advance in the right direction.

Again another remedy for the disease has been tried, we may almost call it a *natural one*—*hot brine baths*. And the Droitwich physicians assert that if given at the outset of the attack, the disease may be arrested, or if, on the symptoms of collapse coming on, the life of the patient may be preserved. However, this may be, the thermal treatment is, to my mind, of much Nursing interest; it

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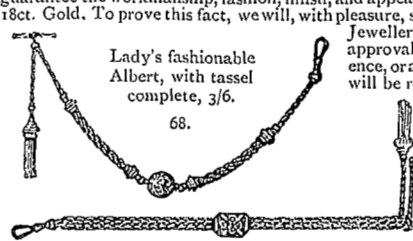
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