Medical Matters.

ASIATIC CHOLERA.

In view of the fact that cases of Asiatic cholera have occurred in Germany, it is of interest to recapitulate something of what is known as to the symptoms of the disease and the methods by which it is transmitted. Sir Patrick Manson, in "Tropical Diseases," describes cholera as an acute infectious epidemic disease characterised by profuse purging and vomiting of a colourless serous material, muscular cramps, suppression of urine, algidity and collapse, the presence of a special bacterium in the intestine and intestinal discharges, and a high mortality.

It is, according to another authority, capable of being communicated to persons otherwise in sound health through the dejecta of patients suffering from the disease. These excreta are most commonly disseminated among a community, and taken into the system, by means of drinking water, or, in fact, by anything swallowed which contains the specific organisms passed from cholera patients. In badly ventilated rooms the atmosphere may become so fully charged with the exhalations from patients suffering from cholera as to poison persons employed in nursing the sick. In the same way, people engaged in carrying the bodies of those who have died from cholera for burial, or in washing their soiled linen, may contract the malady. In a dried condition the organisms contained in cholera excreta may retain their dangerous properties for a considerable period.

Sir Patrick Manson says that although Lower Bengal, where it is probable that cholera has been endemic from remotest antiquity, is customarily described as the home of cholera, it is by no means certain that other eastern localities, such as Bangkok, Canton, and Shanghai, have not some claim to a similar distinction. However that may be, it is usually from Lower Bengal that it has spread as an epidemic over the rest of India.

The first European epidemic was in 1830, when advancing through Afghanistan and Persia it entered by way of Russia and swept over the entire continent as an epidemic, reaching Great Britain in 1832, crossing the Atlantic in the same year to Canada and the United States. The epidemic did not die out in Europe until 1839. Since that time there have been at least five European epidemics, though that in 1892-95, although frequently imported into Great Britain, did not spread.

It has been found from the history of these epidemics that cholera reaches Europe by three distinct routes—(1) *via* Afghanistan, Persia, the Caspian Sea and the Volga valley; (2) *via* the Persian Gulf, Syria, Asia Minor, Turkey in Europe, and the Mediterranean; and (3) *via* the Red Sea, Egypt, and the Mediterranean.

The study of the various epidemics shows that in its spread cholera follows the great routes of human intercourse, and that it is conveyed chiefly by man, probably in its principal extensions by man alone, from place to place. In Britain and the United States the places first attacked have been invariably seaports in direct and active communication with other ports already infected. In India the extensive pilgrimages are a fruitful source of its rapid spread. During these gatherings hundreds of thousands of human beings are collected together in highly unsanitary conditions, as at the Hurdwar and Mecca pilgrimages. Cholera breaks out among the devotees, who, when they separate, carry the disease along with them as they proceed toward their homes, infecting the people of the place as they pass through. Cholera never travels faster than a man can travel; but in modern times, owing to the increased speed of locomotion and the increased amount of travel, epidemics advance more rapidly, and pursue a more erratic course than they did sixty years ago.

It is now fairly certain that cholera is a water-borne disease, caused by a specific germ entering the system by the stomach. The evidence in favour of this theory is, says Sir Patrick Manson, almost conclusive, although there is still some room for doubting whether the germ itself has really been discovered.

Evidence equally conclusive tends to show that the germ on being swallowed by man multiplies in his alimentary canal, and on being voided in the dejecta, subsequently finds its way by a route more or less direct to water in which, again under favourable conditions, it continues still further to multiply.

An attack of cholera commences in one of two ways. It may supervene in the case of what appears to be an ordinary attack of diarrhœa, or it may come on suddenly. During cholera epidemics diarrhœa is unusually prevalent, and at such times an attack of the latter nature may after a day or two assume the charac-

previous page next page