

ters of true cholera. The preliminary looseness in such cases is called the "premonitory diarrhoea." It is not certain whether this condition is specifically related to the subsequent attack or whether it simply predisposes to it. Sir Patrick Manson suggests that possibly owing to a catarrhal condition—in itself non-specific—the resisting power of the mucous membrane is impaired; possibly, in diarrhoea, the large amount of fluid in the gut affords a favourable medium for the cholera germ to multiply in. Besides, diarrhoea other prodromata such as languor, depression of spirits, noises in the ears, &c., are sometimes noted.

When true cholera sets in, profuse watery stools painful or associated with griping, and at first faecal in character pour from the patient. Quickly the stools lose their faecal character, becoming colourless, or rather like thin rice-water, containing small white flocculi in suspension. Enormous quantities—pints—of this material are generally passed by the patient. Presently vomiting, also profuse, at first perhaps of food, but very soon of the same rice-water description, supervenes. Cramps of an agonising character attack the extremities and abdomen; the implicated muscles stand out like rigid bars, or are thrown into lumps from the violence of the contractions. The patient may fall into a state of collapse. In consequence principally of the loss of fluid by the diarrhoea and vomiting, the soft parts shrink, the cheeks fall in, the nose becomes pinched and thin, the eyes sunken, and the skin of the fingers shrivelled like a washerwoman. The surface of the body becomes cold and livid, and is bedewed with a clammy sweat; the urine and bile are suppressed; respiration is rapid and shallow; the breath is cold, and the voice is sunk to a hollow whisper. The pulse at the wrist soon becomes thready, weak and rapid, and then, after coming and going, and feebly fluttering, may disappear entirely. The surface temperature sinks several degrees below normal—93 deg. or 94 deg., while that in the rectum may be several degrees above normal—101 deg. to 105 deg. The patient is now restless, tossing about uneasily, throwing his arms from side to side, feebly complaining of intense thirst, and of a burning feeling in the chest, and racked by the cramps. Although apathetic the mind generally remains clear. In other instances the patient may wander or pass into a comatose state.

This, "the algide stage" of cholera, may

terminate in one of three ways—in death, in rapid convalescence, or in febrile reaction. (1) Death, if it occurs, usually does so in from ten to twelve hours from the commencement of the seizure. (2) The gradual cessation of vomiting and purging, the reappearance of the pulse at the wrist and of warmth to the surface may herald convalescence, when the patient may be practically well in the course of a few days. (3) Usually on the cessation of the acute symptoms, a condition known as the "stage of reaction" is developed, when a febrile condition of more or less severity sets in. It usually subsides in a few hours, but may develop into a condition closely resembling typhoid-fever. In this stage death may occur from complications, such as pneumonia, enteritis and diarrhoea, asthenia, or the effects of uramic poisoning.

Sir Patrick Manson points out the necessity of neglecting no case of diarrhoea during a cholera epidemic, and of insisting on rest, warmth, and the greatest prudence in feeding in all cases of intestinal catarrh or irritation. He believes the only treatment of proved value is the symptomatic or expectant one, the attention being directed towards maintaining the patient in as favourable a condition as possible to struggle against the poison of the disease. Thirst may be relieved by sips of iced water, soda water, champagne, or brandy and water, cramps by friction, or short chloroform inhalations. The surface of the body should be kept dry by wiping with warm dry cloths, and the surface heat maintained by hot-water bottles. The patient must not be allowed to get up to pass his stools, a warmed bed pan being provided for this purpose. All food must be withheld while the disease is active.

Failure of the pulse indicates the administration of ether or brandy by mouth or hypodermically. No improvement ensuing, intravenous injection of saline fluid may be had recourse to.

Those who desire to study the subject of Asiatic cholera further are referred to Sir Patrick Manson's book on Tropical Diseases, from which the above facts are extracted.

YELLOW FEVER.

It is announced that Dr. O. L. Pothier and other medical men, who have been carrying out experiments in the Charity Hospital, New Orleans, have identified the cells found in the blood of yellow fever patients and have diagnosed the disease through them!

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