

The mouth of the cholera patient needs careful attention and frequent cleansing. The lips are dry and cracked, and often bleeding. When this condition was present, the mouth was washed with glycerine and borax, and strips of lint spread with simple ointment laid across the sore lips.

Delirium and even complete dementia marked some cases, accompanied with sleeplessness, restlessness, and raving. It has been said that two-thirds of cholera patients die of fear, and perhaps the idea was suggested by the startled, hunted look of those in whom the disease affects the brain. But, moreover, I believe the observation was made from experience in India, and it is quite easy to believe it to be true of the nervously organised Hindoo. But the phlegmatic German is not easily startled out of his well-centred nervous balance.

A typical case of cholera certainly suggests want or famine through the rapid emaciation and loss of the fluids of the body. Little children seem to lose in twenty-four hours their rounded beauty of contour, and to become shrunk and wrinkled like old people.

As a contrast to the delirium of some cases, in others there is partial coma or stupor increasing the resemblance of some forms of cholera to a typhoid type. And the pneumonia and lung complications, often present, still further bear out the comparison. As symptoms become less severe, and towards convalescence, there is often a sudden and marked increase of temperature which commonly reaches 104°F., and at this stage, frequently, a pustular, unhealthy rash appears, which commonly spreads over the greater part of the back and often reaches the shoulders. The rash may appear without the fever, and the fever without the rash, but the two are often associated. And the most watchful care is needed to prevent this rash from developing into suppurating bed-sores. Some of the patients in this condition were put in a "perpetual bath" of warm water which is said to have a wonderful effect on bed-sores. We visited the beautiful bath-house, and were much interested to see the patients lying on canvas hammocks under water, with the back and head supported by water-cushions. They were sewing, reading and writing, and soon became used to the strange conditions of being perpetually in a foreign element. A constant stream of fresh water flows into the baths, so keeping them pure and wholesome, and the wounds of the patients aseptic. One man had spent a whole year in the water, and a young girl suffering from myelitis was hopeful after five months' immersion.

A painful accompaniment of cholera is the almost constant vomiting present in nearly all cases, and this is not necessarily accompanied with nausea. The patient feels quite inclined for nourishment, which is frequently immediately returned almost mechanically. Thirst is ever present, and it is impossible to satisfy the patients' demands for liquids. It was pathetic to watch the eager, wistful eyes following our movements in the wards as we carried round mugs of coffee and bottles of soda-water. Little children, some of them hardly able to stand alone, would jump out of bed and seize on any bottle or vessel at hand, and eagerly drink from them whatever they might contain. I once had a small bottle of scent in my hand, some of which I had been giving to a very sick patient, and, when standing by a cot, was surprised to see the bottle snatched from me and the little occupant of the bed begin thirstily to empty its contents.

Very little medicine was given in the treatment of the disease. The hot treatment, consisting of vapour baths and hot bed-side baths combined with ice-caps to head, and infusion, was considered to be the most successful. After the bath the patient was kept for an hour in a pack, and very hot fluids, such as claret and coffee, given *ad libitum*. When the "hot treatment" was used, no ice was allowed to be given as tending to check perspiration. And it certainly seems rational to refuse depressants, such as ice and cold drinks, to patients in collapse with a markedly subnormal temperature. Hypodermic injections of one drachm of camphor oil were given half-hourly as stimulants. The food was not according to English rules of dietetics, but Germans are used to a stronger and coarser mode of living than we, and so, perhaps, it did not have the same harmful effect as we should expect from raw meat, vegetable soup, and uncooked veal, on cholera patients. Black coffee, soda water, mulled claret, soup, and port wine—the latter given sparingly—were the principal drinks. In some wards unlimited ice was allowed, but this certainly serves to increase the painful thirst.

The diet list of both patients and nurses was framed on the most liberal lines, and I would like the items to be brought before the consideration of the Governors of many of our English Hospitals.

Convalescence is very slow, and the patient remains weak, listless, and anæmic, with every corpuscle in the blood almost audibly calling out for iron. The fine grounds of the Hospital were taken full advantage of as soon as the patients could leave the wards. Wrapped in blankets they sat and sunned themselves, or sauntered about,

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