

ing one epidemic gained a high reputation subsequently failed to justify the expectations formed of them. It is now generally admitted that no cure exists; in this view I concur. There is no specific to check the disease like quinine does malaria. But although there is no cure the disease is curable, and this is so with most other diseases. Cholera runs a course and the majority of cases can be guided to a favourable termination. Drugs can and do mitigate the severity of the symptoms and skilful nursing saves many a case that without it would have ended in a miserable death. Except those cases within the "fatal zone" the tendency for the others is to recover.

The patient, as soon as the real nature of the disease is recognised, should be put to bed and covered with warm blankets. Hot water bottles, enveloped in flannel or old pieces of blanket, should be applied to the feet and body, a mustard poultice made of one tablespoonful of mustard to eight tablespoonfuls of flour should be applied over the region of the heart, and equal parts of milk and lime water, with five drops of brandy if he is accustomed to stimulants, should be given in teaspoonful measures every quarter of an hour. If castor oil has not already been given one teaspoonful should be given in a little black coffee. Either with this or shortly afterwards a dose of thirty drops of laudanum in half a teaspoonful of water should be given. *One and only one* dose of opium should be given until convalescence is completely established, or otherwise the risk of opium poisoning is added to the danger of the disease. Too much stress cannot be laid upon this injunction, for a small dose of fifteen drops of laudanum given when the cholera had a firm hold on the patient has been known to prove fatal. A waterproof sheet should guard the bed, over which should be a draw-sheet folded six or eight times, on the top of which should be a thick layer of picked oakum covered with a soft layer of medicated wool. All unnecessary furniture should be removed from the sick room, which should be kept well ventilated. A covered receptacle for the soiled clothes should stand in the corner of the room. Small pieces of ice should be constantly placed in the mouth for the patient to suck, and this duty, together with feeding the patient should be the sole duty of one Nurse. The question of allowing a patient to drink freely of water is much discussed, but I entertain no doubt he should be allowed an unlimited supply

AN EXCELLENT CHRISTMAS PLUM PUDDING.—Take three-quarters of a pound of flour, two large teaspoonfuls of Borwick's Gold Medal Baking Powder, two ounces of bread crumbs, one and a half pounds of suet, two pounds of raisins, one pound of currants, ten ounces of sugar, two ounces of almonds, one pound of mixed candied peel, salt and spice to taste, mix ingredients well together, and add six eggs well beaten, and three-quarters of a pint of milk, divide in two and boil eight hours. This receipt is unequalled.

to drink as often as he wishes and as much as he likes. He craves for a long drink, and if it be withheld he retches instead of vomiting. Moreover the greater part, if not all, the water is returned without the slightest effort, just as if a tap had been turned on. It may fairly be asked: What is the good of giving the water if it is almost at once got rid of? Theoretically no good at all, but practically all the good in the world. The patient, in the first place, has decided and marked relief, and secondly, the teaspoonful measure of food can be given immediately after the expulsion of the water and is often retained for some time, and it is probable that a little of it serves to nourish him. Even if the water does not do any good, it certainly does no harm. It should be acidulated with aromatic sulphuric acid, one teaspoonful to the pint.

As soon as the cramps commence a mustard poultice, of the same strength as the one over the heart, should be put over the region of the stomach, and a Nurse should thoroughly knead the cramped muscles. The massage and attention to the soiled sheets are the duties of a second Nurse. From this it is seen that four Nurses are required to properly look after a cholera patient, two on duty, and two to relieve them at the expiration of four hours. When the cramps are very severe and the kneading does not give sufficient relief, the patient should be lifted in the horizontal position by means of a blanket, and placed in a hot bath of 100° to 105° Fahrenheit, in which two to four pounds of common soda have been dissolved, or should be wrapped in blankets wrung out in warm water. He should remain in the bath, the temperature of the water being maintained, for ten minutes to a quarter of an hour. The absence of urine which probably results from the great loss of water from the system, requires no special treatment, but it is a most valuable guide in the progress of the case, for as soon as the secretion of urine recommences, recovery may be expected. The bladder ought to be kept half-full by the injection of lukewarm water, and, with the re-appearance of the urine, which is most ammoniacal, should be washed out with a very weak, 1 in 400, solution of carbolic acid. The sudden cessation of the diarrhoea is a grave and serious omen, usually predicting a fatal termination. During the progress of the disease, especially during the stage of collapse, the administration of medicine is attended with great difficulty, but if the severity of the symptoms permit it, a draught of the following mixture should be given every half-hour until the return of the flow of urine, when it should be discontinued:

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