Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE TREATMENT OF CHOLERA.

DURING the cholera epidemic in this valley in February, March, April, and May, 1908, the death-rate among untreated cases cannot have been under 95 per cent., and the interval between the onset of symptoms and death has been on an average ten hours. It has been quite common to see adults die in six or eight hours, and I have seen children die in two hours. The history and death-rate of sporadic cases occurring since the epidemic has been almost as fearful.

Any treatment by the mouth is hopeless, as vomiting begins very early immediately after the first onset of diarrhoea, and is very frequent and profuse. For the same reason treatment by the bowel is useless.

Since I began treating all cases, as early as possible, by ¼ grain or ⅓ grain of morphine hypodermically, I have not lost one patient, provided he was injected early and before very profound collapse had set in. Many cases have been injected, with the happiest results, even when in the most profound collapse—apparently moribund, in a state when vomiting and diarrhoea and almost all signs of life have gone. Children do as well as adults.

After cholera, in a certain number of cases a typhoid condition ensues which needs careful nursing and dieting; in this state I have lost a few patients owing to the want of these necessaries. The hypodermic injection of morphine is the first of two essential factors in treatment, the other is water in enormous quantities every few minutes while awake from start to finish. If the patient is terribly collapsed I give the morphine first and immediately afterwards saline intravenously. It is useless to give water by the mouth then, as it will only excite vomiting and increase the collapse. I have never seen a case where the injection did not in a few minutes stop vomiting, diarrhoea, colic, and cramps, and give perfect rest, and in the majority of cases sleep from five to eight hours. In most cases immediately the morphine has taken effect and before sleep supervenes the patient asks or makes signs for water and drinks plentifully, mostly without further vomiting; when the patient wakes, the collapse has to a large extent gone, his pulse has returned, his sunken appearance has changed, and he asks for water constantly. He sometimes vomits once or twice eight to twelve hours after the injection; this is due to the morphine and is quite different to the vomit of cholera.

In a very few instances I have known the choleraic symptoms to reappear in twenty-four hours, but on receiving another injection of ¼ grain they vanished and the patients ultimately recovered. This recrudescence was probably due to some indiscretion in diet; I never allow any nourishment for at least twenty-four hours.

My experience is that after the injection, the more water can be got into a cholera patient either by mouth or by vein, or both, the greater will be his chance of recovery and the quicker it will be effected. I find plenty of water and hot tea the best diuretics, and the latter very good for collapse. In cases where the injection has been delayed for several hours and a large depletion of liquid has taken place, urine may not be passed for two or three days. This should cause no alarm, as, if water and hot tea be liberally given, the kidneys always secrete in due time. I have not found strychnine or alcohol of any advantage, and beyond the injection I never give drugs of any kind; afterwards, with regard to diet, the patient is treated as a newly-born infant.

My theory with regard to the value of morphine is that it gives the system a perfect rest, during which it manufactures an antitoxin. Any one who has watched a bad case of cholera must at once come to the conclusion that, owing to the awful restlessness and pain, a sedative which does not cause further collapse is immediately indicated. Seeing the prodigious quantities of albuminous water vomited and passed by the bowel constantly, one is driven to the conclusion that water in enormous quantities must be got into the system to replace the loss. Further, in seeing a case profoundly collapsed almost as soon as, or even before, any depletive action has begun, one must again become convinced that it will require great quantities of water to clean a system so saturated with poison.

The following history of a case will show the necessity of keeping the bowels absolutely quiet, and the harm done by any purgative.

A girl 14 years old was injected five hours after the beginning of symptoms with ¼ grain of morphine; she was then in an utterly collapsed state; vomiting, diarrhoea, colic, and cramps in the limbs at once stopped; she slept for six hours. She then drank plenteously. In five or six hours the abdomen became distended (tympanites due to morphine), but without causing any marked symptoms or discomfort. The native dispenser considered this distension an indication for calomel, and gave a dose of 3 grains and in an hour another dose of 1 grain. This started all the choleraic symptoms again, profuse rice-water diarrhoea and vomit, colic and cramps in the limbs, and then collapse. The dispenser, seeing his mistake, gave another ¼ grain of morphine, with the same results as previously. The case did most happily.

I have had many hundreds of cases all treated under the worst possible conditions in their own filthy huts without any ventilation or light and without any nursing, and the subjects were tea estate coolies and Bengalees. If the morphine and water treatment has been so successful in such untoward conditions, how much more would it be so under favourable circumstances!

Sylhet, Lower Assam. R. W. BURKITT, F.R.C.S.I.

ORAL SEPSIS.

IN connexion with the discussion on this subject, I wish to draw attention to the advantages of tincture of iodine, which I use with an equal part of tincture of aconite, for disinfecting the pockets at the roots of the teeth. The iodine is, of course, a powerful disinfectant, and the fact of its being dissolved in spirit causes it to penetrate into narrow crevices which a watery solution will not do. If a drop of water is placed at the root of a finger-nail, it remains where it is placed or falls off. If a drop of tincture of iodine, or of plain spirit, is placed in the same position, it at once diffuses itself all round, and also under the nail. The moisture of the mouth does not prevent this, as may be seen by moistening the finger-nail with saliva and then applying a drop of tincture of iodine.

London, W. T. WAKEFIELD, M.A., M.B., etc.

A CASE OF VERONAL POISONING.

THE number of recorded cases of poisoning by veronal, our limited knowledge of how to treat the condition, and the facilities offered to the public to obtain the drug, must be my excuse for presenting this memorandum.

I was engaged to attend Mrs. X in her fourth confinement, and was called to her at 1 a.m. on August 13th. I found her in a semiconscious condition, muttering incoherently, temperature normal, pulse 86 and full. The face was flushed and the breathing deep and regular. She moaned at frequent intervals, as if from pain, but there was no uterine contraction, and indeed no evidence of commencing labour. She had been frequently sick for the few hours preceding, but did not vomit after my arrival. The rectum was empty, as was also the bladder. The pupils were equal and reacted normally. Gradually she passed into a condition of profound coma. I was much puzzled as to the cause of the symptoms until I was informed that in order to combat neuralgia and insomnia she had taken veronal for the past two days. So far as I could ascertain, about 60 grains of the drug had been taken during that time. The fetal heart sounds could be heard, but were somewhat indistinct. During the following day her condition did not alter, the coma remaining as profound as ever. On August 15th she had uterine contractions, and for a short time was susceptible to hard pinching and pricking. During the pains marked cyanosis occurred, and when the os was fully dilated I deemed it wise to deliver. This was easily accomplished, and the placenta was expressed in about twenty minutes. The child, a full term female, was dead. There was scarcely any bleeding at the time or afterwards.

On August 16th she had marked cyanosis for one hour in the early morning, but revived. The action of the heart and the respiration remained good. Dr. J. H. Steil saw her with me at 9 a.m. Her condition was then as described, and the coma complete. At 1.30 p.m. she

suddenly became cyanotic and died. Almost complete suppression of urine existed throughout.

When it was realized that a large dose of veronal had been taken I gave a hypodermic injection of apomorphine, which, however, did not cause vomiting. Subsequently the use of strychnine sulphate $\frac{1}{30}$ gr. and digitalin $\frac{1}{100}$ gr. hypodermically alternately every two hours was persevered with. When complete suppression of urine was manifest pilocarpine $\frac{1}{12}$ gr. was given. Though this enabled about 3 oz. of smoky-looking urine to be drawn off it produced snch profuse bronchial secretion that it was not thought wise to repeat it on account of the difficulty of breathing thereby caused. Saline solution with brandy (1 oz.) was injected into the rectum and later subcutaneously. Nutrient enemata were tried but were not retained, dribbling away owing to paralysis of the sphincter. Towards the end strychnine was pushed, but with no appreciable effect. No uraemic symptoms developed.

Such cases as this surely point a moral. It can only be harmful in the end that the public should have such easy access to drugs that are often dangerous; and undoubtedly many valuable lives are yearly sacrificed to the casual habit of drug taking now so prevalent. The vast majority of the people who indulge in this way do so without any instructions from a medical man, and, worse still, indiscriminately advise their friends.

Market Overton. J. ARTHUR PARSONS, M.D.EDIN.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

SOUTH-EASTERN BRANCH: BRIGHTON DIVISION.

AT a meeting held on July 15th, Mr. R. P. JEFFERSON in the chair, Mr. A. J. MARTINEAU showed a male patient aged 19 years, whom he had operated on for a dermoid cyst on the right side of the neck. The specimen had been examined by Dr. Bushnell, who reported that it probably arose in the first instance from a branchial cleft. Dr. BENHAM showed a microscopical specimen of gonococci. Dr. MARSH showed a patient who had recently recovered from an attack of tetanus.

History of Case.

W. B., aged 26, and a dustman. On June 16th he was seized with a pain in the back, which necessitated him leaving off work. He was seen by a medical man who treated him for lumbago.

On June 17th he had great difficulty in walking and swallowing.

On June 22nd he fell down and grazed his chin. All his symptoms had increased in severity, and he noticed that his legs became rigid if startled. He bit his tongue during a spasm.

On June 25th, at 1 p.m., he was seen by Dr. Marsh, who agreed with his medical attendant that he was suffering from tetanus.

The patient at this time was sitting down, and on being told to get up and lie down on a couch, did so with the help of a couple of sticks. On rising he began to shake all over, and as soon as he laid down was seized with a general tetanic spasm, and broke out in a profuse perspiration. Besides the sore place on his chin, there were two or three abrasions on the fingers. He had marked trismus and risus sardonicus. The tongue was raw at the tip and coated. The breath was very foul. He complained of pain in the right groin, and the abdominal muscles were very rigid. There was constipation.

He was admitted into the Carr-Burton Hospital at 2 p.m., when he was at once given a chloral and bromide draught, as well as some mag. sulph. Between 2 p.m. and 5 p.m. he had several spasms. At 5 p.m. the patient was trephined, and rather more than 20 c.cm. of antitetanic serum injected under the dura mater over the upper part of the motor area on the right side. Before injecting the serum the bleeding from the diploë was stopped by the application of a solution of adrenalin. The disc of bone was then replaced and the flap of scalp sutured down.

In the evening the patient was feeling much better, and could easily open his mouth. He had one spasm after the effect of the anaesthetic had passed off.

On June 26th he had another spasm, and two injections of 10 c.cm. of antitetanic serum were given subcutaneously. His condition had greatly improved, and he could take plenty of nourishment without having any difficulty in swallowing.

Each of the three following days he had two similar injections. On the night of June 28th he had a slight spasm, and this was the last. For the next two days he had one injection only. After that he had an injection every other day. The last injection was given on July 9th. He began to walk without assistance on July 3rd. He was discharged from the hospital quite well on July 15th.

His temperature was normal or subnormal all the time that he was in the hospital, which was just three weeks. The muscular rigidity gradually disappeared after the operation, that of the abdominal muscles lasting the longest. With the exception of sedatives and purgatives on the first day, he was not given any medicine. The subcutaneous injections doubtless assisted to bring about the good result, but, judging from previous experience, Dr. Marsh believed that the recovery of the patient was almost wholly due to the injection under the dura mater after trephining.

Reviews.

DISEASES OF CHILDREN.

THE first edition of LE GENDRE and BROCA'S treatise on the medical and surgical therapeutics of childhood[1] was published thirteen years ago, and Dr. Le Gendre in his preface to the second points out that the former antedated the discovery of antidiphtherial serum by some months. He pleads the necessity for rectifying this omission as a reason for a second edition, but the sop to his modesty was unnecessary, since the volume will be of value to the young practitioner. The greater part of the work is arranged as a dictionary, and the individual articles are concise without sacrificing lucidity to brevity. Some subjects—we instance "adenoids"—are not accorded quite a fair share of space, and some of the minor surgical procedures advised are not in accordance with British teaching, but on the whole the definitions, descriptions, and outlines of treatment are very satisfactory. It is to the first 130 pages we would direct special attention. They deal with the feeding, hygiene, and medication of infants and children, with a largeness of view that can be born only of wide experience and sympathetic observation; they offer suggestions for the management not only of the child but also of its surroundings, of the anxious mother, the nurse, and the household, and they put the novice in possession of those important details as to the preparation of food for the healthy and the sick child, for the times and amounts of food suitable to each and every age, for the preparation of baths, and all the accessory methods of treatment outside the oral administration of drugs—of all those minutiae the knowledge of which the man who does not have the advantage of a resident appointment so often feels the lack. It is perhaps only insular prejudice that bids us quarrel with the restriction of routine baths for the infant to three a week in summer and two in winter. The authors give an excellent formulary, but they are rather fond of synthetic drugs, and also of pills as a method of administration. The British child does not take kindly to pills. There are some illustrations, which serve their purpose but are not up to the standard of the type and spacing and general get-up of the volume.

Dr. SELTER[2] is of opinion that more attention should be given to the examination of the stools of infants in the various gastro-intestinal disorders, apart from diarrhoea, from which they suffer, but he does not consider it necessary to make an elaborate analysis. As a rule it is sufficient to notice the reaction to litmus paper, an alkaline reaction indicating putrefaction, while an acid reaction implies fermentation. Yet he admits that there are so many exceptions to this rule, depending upon the nature of the food, that its value is greatly diminished. Still the essay is worth reading. The translation, published under the title *An Introduction to the Study of the Infant's Stool*, has been made by Dr. Rich. It is generally correct, but is disfigured by a large number of printer's errors. Its English, moreover, might be improved; for example, in such sentences as "nursing by another child is usually the most successful expedient," or "the feeding of butter-milk as practised in Holland," or "only harmful results was seen."

[1] *Traité pratique de thérapeutique infantile médico-chirurgicale.* Par les Docteurs Le Gendre et Broca. Second edition. Paris: G. Steinheil. 1908. (Roy. 8vo, pp. 768. 15 F.)

[2] *An Introduction to the Study of the Infant's Stool.* By Paul Selter, M.D. Translated by Herbert M. Rich, B.L., M.D. Detroit: The Detroit Medical Journal Company. 1907. (Sup. roy. 8vo, pp. 28. 30c.)

puts a low value on his work, it will be lightly esteemed by those for whom it is done. Thus:

> Dum dolet infirmus, medicus sit pignore firmus:
> Ars quae non venditur vilipenditur.

Again:

> Empta solet care multos medicina juvare:
> Si data sit gratis nil confert utilitatis.

Which may be translated:

> Physic works wonders when the leech is fee'd.
> When given for nothing, 'tis a broken reed.

We commend these maxims of worldly wisdom to the public as well as to the profession.

In a thesis for the degree of Doctor of Medicine recently presented to the University of Paris by M. Jean Dubédat, an account is given of Joseph du Chesne, Sieur de la Violette, known by the Latinized form of his name (*quercus*) as Quercetanus, a Gascon practitioner of the sixteenth century. Quackery, sorcery, and superstition were rife in Gascony, as elsewhere in France and in other countries, at that time, and educated physicians were few and far between. One of these was Quercetanus, who was born at Esture in Armagnac in 1544. He began his studies at Bordeaux, pursued them in Germany, and after taking the degree of Doctor at Basle, settled for a time in Geneva. He was evidently regarded there as what our American cousins call a "leading citizen." He became a member of the Council of Two Hundred in 1587, and in 1589 he was sent to the French Ambassadors in Switzerland to ask their help in preventing the citizens of Berne from making peace separately with the Duke of Savoy. In 1593 he was appointed Physician-in-Ordinary to Henry IV, and proceeded to Paris, where he died in 1609. Du Chesne was a man of action, a great traveller, and a prolific writer. He held that the duty of every true physician was to comfort and give hope to his patients; "to keep a cheerful countenance when his task was least hopeful, and make those about the patient do likewise." A fine feature in his professional character was that, at a time when it was considered legitimate for practitioners to keep their remedies and their methods secret, he made the fruits of his knowledge and experience public. This made him unpopular with some of his brethren; moreover, his chemical theories, and particularly his belief in the therapeutic virtues of antimony, as to which a bitter controversy then raged, brought him into conflict with the University of Paris. The "Saluberrima Facultas" did him the honour of condemning his opinions by a formal sentence which was placarded about the streets. Although he was reconciled to the Faculty after the death of his chief adversary, Riolan, he was described long after his death by Gui Patin, in that malicious pedant's usual style, as a wicked rogue and quack, who killed many in his lifetime, and after his death by his disastrous writings. He was, amiably adds Patin, a great drunkard and an utterly ignorant man. Against this opinion may be placed that of Boerhaave, who earnestly recommended his pupils to study Quercetanus's *Pharmacopoeia*. M. Dubédat gives a full analysis of the writings of Du Chesne, through which we need not follow him. His best known work is a popular treatise on health, entitled, *Le Pourtraict de la Santé*, published at Paris in 1620, in which the curious may still find amusement, if not instruction.

Medical News.

THE German Medical Press Congress will be held this year at Cologne, the opening meeting being fixed for September 24th.

AT St. Mary's Hospital Medical School the old students' dinner is to take place at the Whitehall Rooms on Friday, October 2nd, and not on Thursday, October 1st, as previously announced in these columns.

PRINCESS HATZFELD has given a sum of money for charitable purposes, and, at the suggestion of the King, the London Hospital is to receive a hot-air apparatus for the treatment of rheumatism and painful conditions of allied nature.

THE Cardiff Infirmary has received an anonymous gift of £10,000 from a Glamorgan coalowner towards the new wing income fund of that institution. An effort is being made to raise an additional income of £7,000 per annum.

THE annual dinner of the Past and Present Students of Charing Cross Hospital is to take place at the Criterion Restaurant on October 1st, Mr. Edgar Browne, of Liverpool, in the chair, the guest of the evening being Sir Patrick Manson.

THE forty-fifth annual meeting of the British Pharmaceutical Conference is being held this week at Aberdeen under the presidency of Mr. Robert Wright, F.C.S., of Buxton. The conference, which was established in 1863, has a membership of over 1,250.

THE Italian Society of Internal Medicine will hold its eighteenth annual meeting at Rome on October 26th and three following days. Among the subjects proposed for discussion are: The clinical significance of cardiac arrhythmia, the consequences of over-feeding, and family neuroses.

ONE curious result of the separation between Church and State in France is that the functionaries known as Mohels, who in the Jewish community perform ritual circumcision, are brought under the common law, and it will in future be illegal to operate unless they have the diploma of Doctor of Medicine. Some Mohels are already doctors, but in the case of well-to-do families a doctor who is not necessarily a Jew is often called in to be present at the operation.

A TEMPERANCE movement has recently been started among the working men of Warsaw, in which their wives and daughters are taking an active part. The movement is said to be absolutely non-political, but the authorities, as is the nature of Russian bureaucrats, seem to be somewhat suspicious in regard to it, and have stopped a course of lectures showing the evils of alcoholism arranged by the local temperance society.

THE fifty-third annual exhibition of the Royal Photographic Society, which opened at the New Gallery on Thursday, will be found to have a new feature in the shape of a section devoted to portraits of eminent men. These and others subsequently acquired it is intended to store and index in such fashion as to be accessible to those who may have occasion to refer to them for any purpose. Towards completion of the general object in view, the assistance of all who have in their possession portraits of persons long deceased is requested.

INTERNATIONAL CONGRESS ON TUBERCULOSIS.—The following are the British delegates to the International Congress on Tuberculosis to be held at Washington from September 21st to October 12th: Dr. A. Wynter Blyth (Royal Sanitary Institute), Dr. F. Bushnell (Devon and Cornwall Sanatorium), Colonel W. Cornwallis-West (Denbighshire County Council), Professor Delépine (Victoria University, Manchester), Dr. C. E. Fitzgerald (Royal College of Physicians of Ireland), Dr. G. A. Gibson (University of Edinburgh, University of St. Andrews), Dr. P. H. S. Hartley, M.V.O. (St. Bartholomew's Hospital, Brompton Hospital, King Edward VII Sanatorium), Professor M. Hay (University of Aberdeen), Dr. G. A. Heron (Royal Society of Medicine), Professor E. W. Hope (University of Liverpool), Councillor W. Kinmouth (Corporation of Cork), Dr. A. Latham (University of Oxford, St. George's Hospital, Brompton Hospital, Royal Society of Medicine), Mr. F. Link, J.P. (Corporation of London), J. Patten Macdougall (Local Government Board of Scotland), Dr. D. J. Mackintosh (University of Glasgow), Dr. J. Miller (University of Birmingham), Mr. T. Munro (County Council of Lanark), Dr. A. Newsholme (Local Government Board of England), Councillor H. O'Shea (Corporation of Cork), Professor W. Osler (University of Oxford, Lister Institute of Preventive Medicine, King Edward VII Sanatorium), Dr. W. S. Paget-Tomlinson (County Council of Westmorland), Dr. J. J. Perkins (St. Thomas's Hospital), Dr. R. W. Philip (Royal College of Physicians of Edinburgh; Royal Infirmary, Edinburgh), Dr. N. Raw (National Association for the Prevention of Consumption, Invalid Children's Aid Association), Dr. J. C. Renton (Faculty of Physicians and Surgeons, Glasgow), Councillor A. Shelmerdine, J.P. (City of Liverpool), Professor W. R. Smith (Royal Institute of Public Health), Dr. J. E. Squire, C.B. (Mount Vernon Hospital for Consumption), Mr. T. J. Stafford, F.R.C.S. (Local Government Board of Ireland), Dr. H. E. Symes-Thompson (Royal Hospital for Diseases of the Chest), Dr. C. Templeman (Town Council of Dundee), Dr. J. C. Thresh (County Council of Essex), Mr. A. W. West (St. George's Hospital), Dr. J. T. Wilson (County Council of Lanark), Dr. Theodore Williams, M.V.O. (Royal College of Physicians, Medical Society of London, King Edward VII Sanatorium, National Association for the Prevention of Consumption), Professor G. S. Woodhead (University of Cambridge, University of London, Queen Victoria's Jubilee Institute for Nurses).