

observation to which we now call attention, we avoid at present extending these remarks: the amount of space now occupied must not therefore be regarded as any indication of the degree of importance which we attach to the subject.

### TREATMENT OF CHOLERA:—OBSERVE RIGIDLY, AND RECORD FAITHFULLY!

THE newspapers and medical journals are publishing nearly as great a number of perplexing plans of treating cholera, and of infallible cures for the prevailing epidemic disease, as they were accustomed to do during previous visitations. This is a state of affairs which we deplore, but which we cannot prevent. We have too much respect for our readers to suppose that they desire to see in the ASSOCIATION JOURNAL a reproduction of the empirical plans and vaunted nostrums which now float on the surface of society in wild profusion. For those who have any desire to dip into the *olla podrida* of cholera empiricism, we would refer to the medical journals of 1832 and 1849, or to the more concentrated medley furnished by Dr. Bushnan, in his *Cholera and its Cures*. Our duty lies in another direction: our duty is to keep steadily before the professional mind ascertained truths and rational suggestions; and to impress upon our colleagues that they can all assist in enlarging the boundaries of medical knowledge by observing dispassionately, and reporting what they observe with faithfulness.

Clearness and uniformity in reports are matters of great importance. We have already (p. 711) commended the simplicity and comprehensiveness of the queries issued by the East Surrey Cholera Society; and we would now impress upon our readers the importance of the system of reporting inculcated by its Committee on Treatment. In the schedule issued for returns of cases (reprinted p. 711 of this volume), the space in which the treatment is to be inserted is thus headed:—"TREATMENT: describe it: state when commenced: and with what apparent results." In place of encumbering the schedule with numerous separate queries, the society very properly give latitude to each reporter. On the other hand, as a guide to those gentlemen who are inclined to go more accurately and methodically into detail, it has issued the following supplementary queries within the last few days.

"1. Will you detail the method or methods of treatment which you believe to be most efficacious in cholera?"

"2. Have you employed in practice the method or methods named above? And if so, in how many cases? Under what circumstances? And with what results?"

"3. To secure uniformity of data, State with brevity and distinctness your definition of cholera."

If any considerable number of practitioners answer these queries in the candid and searching spirit in which they are asked, available data of great value will be furnished for subsequent generalisation; but if every one reports after his own approved method, and without clearly defining what he means by the term "cholera", we fear that much of the information accumulated will in the end turn out to be mere literary lumber. Now is the season for rigid observation! When the epidemic has subsided, facts can be classified, rules of treatment deduced, and theories discussed, far more profitably than at present. There is scarcely room left to promulgate novelties regarding the treatment of cholera; but there is open an ample and inviting field of research as to the comparative value of the

different methods which are now being employed, as well as regarding the relative value of particular medicinal agents for accomplishing certain objects.

For example, if it be admitted that it is of paramount importance to check early the serous drain from the body, it remains to be determined by what means this end can be most promptly and most safely attained. No one doubts the astringent effect in choleraic diarrhoea of full doses of opium; but as fatal narcotism and other mischiefs have followed the too free use of opium in such cases, it is very important to limit within due bounds our reliance upon this drug, and to discover how we can produce the same good effects by the employment, either exclusively or partially, of other means of a less hazardous character. Again, if it be admitted that the cold stage of the cholera paroxysm must terminate in death when the blood is so changed and inspissated by loss of water and other constituents of the serum as to be physically unfit to circulate in the vessels, we ought diligently to inquire into the feasibility of giving our patients a chance of life by supplying simple water, or water in which saline substances have been dissolved. Many of us have seen such remarkable rallies follow the introduction of saline fluids into the veins of patients in a state of collapse, that we can hardly avoid connecting the occurrences as cause and effect. True it is that the majority of patients treated in this way have ultimately died; yet such cases as that recorded by Mr. ANCELL, at p. 760 of this number, prove that the method is rational, and encourage us to hope for some amount of success from its employment. From this point spring various questions of detail and of principle in relation to treatment; and perhaps there is nothing connected with this discouraging department of the therapeutics of cholera—the treatment of collapse—which so peculiarly claims our attention, as that rational and hopeful suggestion of Dr. RICHARDSON, which is so interestingly unfolded in his paper published at p. 764 of this number of the ASSOCIATION JOURNAL. Dr. Richardson has probably discovered the most rapid and the safest method of overcoming the obstacle to recovery, which is occasioned by the altered and thickened blood being unable to pass through the vessels. Be that as it may, he has unquestionably tabled a problem which it behoves the profession to solve.

Other important questions requiring solution might be mentioned; and we have only singled out two subjects of a practical character, as illustrations of those regarding which authentic information is peculiarly wanted, and might now be easily collected in sufficient abundance. To-day, we repeat, when the epidemic is rife, is our time for rigidly observing, rationally regulating, and faithfully recording, our practice.

### TO CORRESPONDENTS.

ORIGINAL COMMUNICATIONS. Of those formerly announced, a considerable number are still unavoidably postponed. The following papers, received since the publication of last number, will also be inserted as soon as possible.

1. DURANT, C. M., M.D. Clinical Memoranda.
2. MEAD, George B., Esq. Chloric Ether in Choleraic and other forms of Diarrhoea, and in Cholera.
3. SQUARE, W. J., Esq. Lithotomy in the Female.

Dr. HODGKIN's and Mr. HATTON's letters will appear next week. PRIVATE LETTERS. We regret that so many private letters are at present unanswered.

ARREARS. An additional list of members who from their arrears are not entitled to receive the JOURNAL will be acted on next week.