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CHOLERA INFANTUM.

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OF all the diseases to which children, and especially infants, are liable, particularly in summer and the first months of autumn, cholera is by far the most fatal. It has been truly said that this disease is indigenous to the United States, as it has not been described in many, if any recent works of foreign authors. Even the late work of Dr. West, on the Diseases of Children, though excellent in all other respects, contains no history of cholera infantum as it is seen by every practitioner daily, especially in our New England cities. But so extensive and frequent has this disease become among us, as to demand every attention that can be given to it by the profession. It is the scourge of childhood.

Among the *causes* of cholera infantum, in my humble opinion there is none more conducive to its devastations than *over-feeding*. The anxious mother seeing her child laboring under other predisposing causes, and perhaps weak and feeble, imagines the "dear little thing" needs more nourishment, and consequently she is never satisfied unless when loading the already weak stomach of her darling with some nice preparation to "give it strength," not realizing that she is to see her kind and unwearied endeavors, and anxious solicitude, rewarded only by a fearful and often fatal disease! She does not realize that she is killing her child with kindness! The effect of heat, sudden changes in the temperature of the atmosphere from wet to dry, and the reverse, together with another powerfully exciting as well as predisposing cause, *dentition*, are all at work preparing for the attack of cholera, and smothering the vital powers so as to render the system in the most favorable position for the onslaught of disease. Not unfrequently for some length of time the little patient is fretful and irritable before the disease appears in its worst form. Or, the child may have diarrhoea to even an alarming extent, and still the fond parent "hopes it will go off soon," or charges it to *teething*. She has seen many other children who had diarrhoea while teething, and yet they "got well." But disease is hourly making fatal inroads upon the vitality of the child, and the storm is gathering and near at hand that will in its fury destroy the tender flower, however

fondly it may be cherished ! In this, as well as in other diseases of a fatal character, *prevention* is all-important—infinately more sure than any specific. I have said the disease is often insidious ; behind the scene, however, lurks the destroyer ! Infantile cholera may come on suddenly, with vomiting, purging, and all the other symptoms of the disease, or it may supervene on an attack of simple diarrhœa, when some exciting cause rouses the destroyer to action. Usually the irritability of the stomach, producing vomiting of everything taken, is one of the most difficult symptoms to treat, and stands in the way of all efficient medication. The least particle of medicine or anything else, thrown upon the stomach, is immediately rejected. Meantime repeated discharges are often ejected from the bowels, sometimes with a force and velocity truly astonishing. The discharges at first may be yellow, or of a greenish appearance, but they soon become small in quantity, colorless, inodorous, and thin or containing minute mucous flocculi. In children of 2 or 3 years old, the green stools may retain their appearance for some length of time ; but in infants it is otherwise. There is usually but little tormina or tenesmus at first, so far as we can judge by appearances, but when the bowels become corroded, as it were, and the delicate mucous membrane irritated extensively, or destroyed in the rectum at least, then there is undoubtedly severe suffering, if we may judge by our knowledge of adult cases.

The *countenance* of the child laboring under cholera is peculiar, and resembles so nearly that of its prototype in the adult, true cholera, as seldom to be mistaken. The peculiar pinched, haggard, cadaverous look of the child is almost always present, especially in the last stages, and may be considered with propriety as almost pathognomonic of the disease. Indeed, the practitioner will seldom be long in forming his diagnosis when he sees the peculiar countenance. The low, agonizing moan of the child tells but too plainly that disease has gained a fast foothold upon its tender subject, and that its sinking vital powers cannot long survive the shock. The prognosis is *always unfavorable* after the disease has made any considerable progress. The great proportion of fatal cases in this disease assures us but too plainly how little power the healing art has, to allay the symptoms and successfully combat and counteract their dire effects. Inordinate thirst harasses the little patient incessantly, and yet, the moment any liquid is taken it is rejected by the irritable stomach and thrown off. Fever, and a quick pulse, the abdomen tense, the body becoming rapidly and extremely emaciated, the eyes glassy and sunken, the head hot, and extremities not unfrequently cold—these, with other symptoms, assure us that *something must be done* and that *speedily*, or our little patient will die. Towards the last he becomes drowsy, with his eyes half closed or rolled upward in their sockets, and we are assured that the brain is becoming involved, and in a short time convulsions or torpor and coma come on, and death closes the scene. In many cases the child dies from inanition. Towards the termination of the disease the child often suffers from retention of urine ; and may not a want of action in the kidneys have something to do in producing coma, as in the case of adults ?

I have said that something must be done, and that speedily, or it will be of no avail. What, then, is the best *treatment* of the disease? As cholera in the adult is the “*opprobrium medicorum*,” since no plan of treatment ever devised by the faculty has answered the great *desideratum*, so it is in this disease a fact, that medicine has been of but little avail, except in the commencement of the attack. It becomes necessary, first, to devise some plan to *check the vomiting*. To this end various means have been resorted to. A few drops of spts. terebinth., acet. plumbi in solution, camphor in solution, with æth. sulph., tr. opii in drop doses, cold coffee, clear—brandy in very small doses, blisters to the epigastrium, fractions of a grain of calomel, often repeated, leeches to the epigastrium, sinapisms to epigastrium, &c. &c.—all these, and other means that may occur to the practitioner, may be useful in different cases. My chief dependence is in drop doses or less of tinct. opii, leeches to the epigastrium, or sinapisms to epigastrium, with a few drops of pure brandy, repeated *pro re nata*. Lime water or some other alkaline preparation is necessary when there is acidity of the stomach producing green stools. The mist. carb. calcis, combined with tr. rhei dulc. in equal proportions, answers this indication. When there is much heat and febrile excitement, sponging the body with tepid water, or the warm bath used with prudence, are beneficial; but the warm bath is a most powerful engine of mischief when carried to too great an extent. It depletes the vital powers too rapidly to make its application very safe in cases of infants. If the gums are inflamed and swollen, scarification is necessary; and if the teeth are pressing hard, they should be let through by the faithful use of the gum-lancet. This is an important point, and should never be neglected; for if so, fearful results may follow. If the abdomen is swollen or tense, fomentations of hops or bitter herbs may be found useful; but they should not be permitted to become cold, for if they do, the effect may be deleterious. I prefer in most cases the application of warm flannels, or the camphorated oil rubbed gently over the surface of the abdomen. The patient must be kept warm and comfortable, and cold air excluded as much as possible, lest a sudden chill should prevent the success of our remedies.

To arrest the discharges from the bowels, and give tone to the system, is now the great desideratum. To accomplish this, many articles of our extensive and valuable materia medica have been put in requisition. Among these articles, *calomel* stands at the head, with very many excellent physicians. But I confess I, for one, have not so strong faith in its infallibility as I had even a few years ago. I have seen it given, and given it myself, when it answered a valuable and I believe saving purpose; but I have oftener been dissatisfied with its use. Whenever I *do* give mercury in any form to children in this disease, I prefer the hydr. cum creta in small doses. My chief dependence, I confess, especially in the later stages, are brandy as a stimulant, tannin as an astringent, and a powder of ext. hyos. and calc. magnes. (equal parts) in grain doses, repeated according to circumstances, as a sedative and antacid. The acet. plumbi I also value highly as an astringent. Spts. nit. dulc., mist. camph. and liq. acet. ammonia, I also value where the fever is

high, skin hot, and urine small in quantity, high colored, or completely suppressed. Brandy (that is free from acid) may be given in doses of a few drops, four or five to ten, according to age, and as often as is necessary. The following I have found generally useful. R. Tannin, ip. et op. pulv., āā gr. xij. ; calc. magnes, 3 ss. M. Ft. chart. no. xij. One every three or four hours. Or—R. Acet. plumbi, pulv. hyos. et magnes.,* sacch. alb., āā gr. xij. M. Ft. chart. no. xij. One as above. If it is desirable to exhibit these articles in a fluid form, we may give the following—R. Tannin, gr. xvj. ; tr. op. camph., gtt. xlviij. ; mucil. acaciæ, 3 jss. ; syr. ulmi, 3 ss. M. This may be given in teaspoonful doses to a child of 1 year old and upwards, as often as is necessary to stop the frequency of the discharges, and induce rest. The child, if nursing, should be suffered to draw but small quantities at once, nor should he be fed with any preparation but sparingly. The best food for a young child is equal parts of milk and water, well boiled and sweetened with white sugar so as to be palatable. To this may be added lime water, if it is necessary to counteract acidity, and it forms a good vehicle for the administration of other remedies. With regard to *blisters* in any diseases of children, I am fearful of mischief when using them. Not long since I saw a most horrid abuse of blisters in the case of a child, and I have no doubt that had it not been for them the child might have lived. Gangrene and sloughing were the results. When applied, it should be only for a few hours at most, and then emollient poultices will be sufficient to raise the vesicles.

But after all that can be said of the treatment of cholera infantum, by far the best plan is to *remove the patient, if in a city, to the country as soon as the first symptoms of the disease appear*. His chance is small in the city at the best, especially in the more densely-populated portions. In the country he will have *pure air* ; pure milk, fresh, and unadulterated with chalk or dirty water ; and there, if in any place, will he recover and regain his health, and cause the tender parents to rejoice in his rescue from an early grave. But with proper care here, and proper nourishment given in small quantities, and *at proper times*, many children are permitted to enjoy good health, however exposed they may be to the contamination of noxious gases, and impure air.

Such is cholera infantum ; and as it seems to increase in violence and in extent every year, especially in our cities, let medical men study its history, and *means of prevention*, as well as its treatment, faithfully disseminate the *truth* in relation thereto, and thus may they confer lasting blessings and receive the gratitude of suffering humanity.

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THROAT DISEASES.

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FOLLICULITIS.—This disease made its appearance in this country, so far as is known, in 1830, and the attention of the profession was first

* Ext. hyosciami and calc. magnes., āā one ounce or more, and mix well.