TREATMENT OF CHOLERA WITH CALOMEL.

On the

TREATMENT OF CHOLERA WITH CALOMEL,

WITH A

REPORT OF A CASE INTERRUPTED BY DELIVERY.

By JOHN MACKINLAY, M.D., Teddworth, MEDICAL OFFICER TO THE BRENTFORD UNION INFIRMARY.

From the first week in August to the present period, thirty cases of cholera have been treated in the infirmary attached to the Brentford Union, of which nearly 300 grains of calomel were administered, and in no case has the slightest trace of mercury been left in the system. In cases where the stomach was irritable, I preferred the mustard emetic, a mustard foot-bath, and sinapis or turpentine patches to the chest and abdomen, the patient being in the second or last stage of collapse.

The trunk of the left hypogastre nerve prolonged through the hypogastric plexus to the ganglion of the cervix uteri.

The ganglion at the cervix, from which springs the right hypogastric nerve and plexus.

The ganglion drawn away from the uterus, and upon the inner surface of the peritoneum.

The right hypogastric plexus spreading out on the posterior surface of the uterus, and running under the muscular coat of the uterus.

The right hypogastric nerve extending under the peritoneum, and upon the muscular coat.

The right hypogastric nerve dividing into branches to form the left hypogastric plexus.

Nerves passing from the anterior plexus into the nerves accompanying the uterine vessels.

Branches of these nerves passing behind the vein to the fundus uteri.

Branches from the spermatic vessels joining the posterior plexus.

Slighter filaments passing from the anterior and posterior plexus to the ovarium.

Peritoneum covering the back part of the cervix uteri.

Ganglion at the cervix drawn away from the uterus, and all the small soft nerves which passed from it to the cervix removed.

Nerves entering the ganglion.

Branches across the posterior surface of the uterus, with nerves from the ganglion and hypogastric plexus entering it.

Nerves passing from the anterior plexus to the left ureter.

Nerves from the left hypogastric plexus to the left ureter.

The trunk of the left hypogastric nerve prolonged through the hypogastric plexus to the ganglion of the cervix uteri.

With two exceptions, (inmates of the house,) thirty cases of cholera have been treated in the infirmary usually consisting of rhubarb, sulphate of magnesia, and carbonate of soda, with some warm tincture in mint water. This would probably require repetition, and be followed by dark, earthy, and somewhat more consistant motions, with general reaction, from which time might be dated the probable convalescence of the patient, who was then treated according as symptoms presented themselves; though in several cases the favourable condition was followed by the fatal consecutive fever.

Without giving any opinion as to the different modes of treating this formidable disease, my successful cases have been from amongst those who, under the influence, seemed in a most hopeless state of collapse. In some instances from 200 to nearly 300 grains of calomel were administered, and in no case has the slightest trace of mercury been left in the system. In certain cases, where the stomach was irritable, I preferred the larger dose of ten grains, with a few drops of laudanum and wine given at longer intervals. In two cases of singultus, opium powder in pills, with aromatic confection, appeared beneficial.

One of these cases deserves some special notice, being that of Ann C—, aged twenty-six, in her ninth month of pregnancy, who was admitted on the 15th of September, appearing from the circuit of the disease, and brought from a cholera district. She was put under the system of treatment above described. On the Thursday (two days afterwards) her condition became evidently favourable, and continued so till Saturday, when she had a sudden relapse of all the cholera symptoms, with extreme irritability of the stomach. Ten grain doses were then given, every four hours, for six successive periods. On the following evening, there was decided improvement in her condition, and the treatment was suspended. On Monday followed all the symptoms of consecutive fever, with the least possible hope of recovery. On the following morning, at four o'clock, my assistant was hastily summoned, and this woman upon her confinement. She was speedily but unconsciously, delivered of a living child, which left her at the lowest ebb of life for the succeeding twenty-four hours, when she began by slow degrees to show symptoms of rallying, and she is now progressing towards a perfect state of recovery, having no recollection of her delivery, or of her child, which only lived a day.

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P.S.—I omitted, in the above article, to state, that my observations and experience in cholera have been by no means confined to those isolated cases, but I have had a large share out of doors, both in the present and former visitations, in this country, and which falls short of what I have met with in the East Indies.

THE HUMAN MIND UNDER THE INFLUENCE OF CHOLERAIC POISON.

By JOHN CHARLES ATKINSON, M.D.

In the few remarks I have to offer, I have nothing to say about the treatment of cholera—that will yet remain a questio vexata. I wish simply to bring before the notice of the profession the following fact—viz., that there is in persons who have not the slightest symptoms of the disease, a strange, inexplicable feeling of absence of mind—giving no notice of the possible presence of danger. The mind, hitherto active and alive to the law of self-preservation, becomes suddenly altered in its normal characteristics; there is complete indifference and apathy, which ranges from the mere absence of any care or solicitude for the safety of life, when serous diarrhoea has set in; you may talk of collapse, and its danger to life; you cannot alarm your patient: he tells you quietly, he was greatly relieved by the last evacuation, and that another or two will set him all right: the bare fact of going to the closet, and sitting easily, is stated as very satisfactory to the feelings—the tension of the abdomen, with its accompanying unpleasantness, is thus temporarily got rid of; and the patient is enabled to proceed best on his journey; but, under choleric poison, although the mind is cloudless, or apparently so, there is no fear of coming peril.

It is well known that Hope and Fear are the panniers of life; fear, when equally poised, enables us to proceed best on our journey; but, under choleric poison, although the mind is cloudless, or apparently so, there is no fear of coming peril. The calmness of mind present in extreme collapse is marvellous; but there is no evidence for the alarm of knowing friends; no tears, no expressed interest, about our journey; but, under choleric poison, although the mind is cloudless, or apparently so, there is no fear of coming peril.