

## Clinical Notes:

### MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

#### A CASE OF CHOLERAIC DIARRHŒA WITH COLLAPSE.

BY G. CHILDS-MACDONALD, M.D.

ON Sunday, Feb. 20th, I was called to W. D—, a grocer's assistant, who was engaged on Saturday the 19th in packing up goods in hay taken from a case of wine recently received from Italy. On returning home that evening he felt unwell, and early on Sunday morning was suddenly seized with cramps, purging, and vomiting, the evacuations passing from him like water. At the commencement he was able to walk to the lavatory, but he rapidly became so weak that this was impossible. The vomited matters were composed of almost pure water. When seen by me at 11 A.M. on Sunday he had had sixteen evacuations, all of which unfortunately had been carefully emptied before my arrival. The sheets, however, at the upper part were soaked with apparently water, but which afterwards proved to be vomit. The man was lying on his left side, and in the semi-flexed position; the eyes were deeply sunken; the nose, chin, forearms, hands, and legs and feet cold and cyanosed; the tongue cold and dry. There was complete absence of the pulse at the wrist, the heart was beating feebly and almost inaudibly. The respiration was sighing. He would at times throw the arms over the head with an almost spasmodic catch in the breath; in fact he showed all the symptoms of oxygen hunger. Mentalisation was slow; there was also slight dimness of sight and deafness. The pupils were equal and slightly dilated, the eyelids closed. Every minute or so he would rouse slightly with a cry of pain caused by cramp in the abdominal muscles and calves, to relapse again into a semi-conscious condition. No urine had been passed since the previous evening, and the bladder was quite empty. He was given immediately thirty minims of ether hypodermically over the right pectoral region, ordered hot-water bottles to the sides and extremities, sinapisms to the calves and over the cardiac region, hot coffee with brandy, and to be rubbed with the latter spirit; also a mixture composed of acidi sulph. aromat., sp. æth. co., tinct. opii, ol. cajaputi, and ol. menth. pip., aq.; an ounce to be taken every three hours. At 12.30 there was a little improvement. The pulse was just perceptible at the wrist. No further motion or urine. Cramps the same. At 7.30 he had made a sudden attempt to get out of bed, and in so doing he had fallen and injured his forehead. The extremities are warmer. Pulse 80 (very feeble); temperature subnormal. Cramps less. Says he feels better, but complains of great thirst. No stool or urine.—Feb. 21st: Passed a very restless night. Cramps at intervals. Vomited several times. No urine or motion. Pulse 84 (weak); temperature 98°. Skin dry, but tongue moist; bladder empty. Ordered sinapisms to epigastric region, milk and lime water, and a little ice to suck if nausea continues. Linseed poultices to be applied over loins and diuretic mixture to be taken. Evening: Pulse fuller (84); temperature 97.4°. Vomited only once. No cramp, motion, or urine. Ordered eggs and milk, and meat juice.—22nd: Had a better night. Two stools, but small in amount, mainly composed of slimy material; no blood in them; no urine. Complains of flatus and great prostration. Has vomited once a little bilious fluid. Keeps eyes still closed. No cramp. Ordered a little rice pudding.—23rd: Has had a good night and passed fifty ounces of urine. Has had a small loose motion. Vomited bilious matter and mucus twice. No return of cramp. Is much brighter and cheerful, but complains of headache. Temperature 97.5°; pulse 60, much improved in volume. Ordered one ounce of bismuth, digitalis, and ether mixture, three times a day. Since the above note he has steadily improved up to to-day (the 28th), when he can sit up and read the paper. His appetite has much improved, and he had a little fish for dinner. Although, up he is unable to leave the bedroom, and shows great muscular weakness and emaciation.

There are several points of interest in the case, especially as there is so much of the so-called winter diarrhœa about.

It would be interesting to know how much the Italian hay had to do with it. The long time the kidneys remained inactive, nearly three days, without uræmic symptoms, is specially noteworthy; also the rapid and evidently complete evacuation, followed by such extreme collapse. I have never seen anyone so near death and recover as this man; probably the ether saved his life. I have called this choleraic diarrhœa with collapse. Some of my readers might give it another name. It is unfortunate that the stools were not seen.

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#### A CASE OF LACERATED WOUND TREATED WITH IODOFORM.

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RAJAUL, a prisoner at the Kashmir Gaol, aged thirty-five, received a wound in the hand and forearm on April 12th. He, together with other prisoners, were engaged in breaking stones on a hill close to the city of Sreemugur. A large block of stone came rolling down, and Rajaul foolishly attempted to stop it. Soon after the injury, as he was being carried from the spot to the gaol, it was fortunate that Dr. Neve, of the Mission Hospital, happened to be passing, who took him to his hospital close by, stopped the bleeding, and rendered such help as he thought was necessary. I saw the patient next morning at the gaol, where I had deputed an assistant to watch him. I examined the wound, and found a large lacerated flap, including skin, muscles, tendons, arteries, and nerves, had been separated; the flap commenced four inches above the wrist, extended along the middle of the hand, and curved round the web of the fingers' ends over the head of the metacarpal bone of the ring finger on its dorsal side. The second flap on the dorsum was more lacerated; it commenced at the second phalanx of the thumb, and curved round the ends near the pisiform bone. All the metacarpals except the first were fractured; the third metacarpal was divided into four pieces. I happened to meet Dr. Neve that morning, who remarked: "The wound is one of the severest I have ever seen." Conservative surgery in such a case of lacerated wound with extensive injury of all the tissues can hardly be justified; but as twenty-four hours had already elapsed, I was determined to give it a trial, without, however, entertaining any hope to preserve the hand. I kept the injured parts soaked with corrosive sublimate lotion (seven grains to a pint). On the third day I opened the wound; there was very little discharge. Dusting the wound thoroughly with iodoform, I covered it with oiled silk and bandaged with corrosive sublimate gauze. The wound was opened the next day, as the temperature of the patient rose to 100.6° F. in the previous evening. There was slight discolouration in the tips of the little and ring fingers. I decided on amputation, not of the forearm but of the fingers. I made an incision, commencing from between the web of the index and middle fingers, carrying it straight down to the pisiform bone and curving round along the dorsum of the hand to meet the point of commencement. Iodoform was used all along. The wound healed in twenty days. The rise of temperature for the first five days ranged from 100° to 101°. The man has now perfect use of the thumb and index fingers. There is no resulting contraction.

*Remarks.*—This case shows what repairing powers the tissues sometimes possess. It also establishes the great value of iodoform in the treatment of wounds. In my surgical wards, iodoform is used as the chief dressing, and it always secures for me rapid and aseptic healing. Iodoform dusting has been found more efficacious than ointment even with vaseline. My experience has, however, proved to a certainty that disagreeable symptoms often result from iodoform dressing. They are chiefly gastro-intestinal and nervous irritation. But I have never observed iodoformic fever; these internal manifestations do not come to my notice, because I strictly follow the plan of washing the wound before fresh iodoform is used. With this precaution, there is no fear of poisoning. The forty-eight cases given by König,<sup>1</sup> where symptoms of poisoning supervened during the use of iodoform as surgical dressings, were probably treated without this necessary precaution.

<sup>1</sup> Centralbl. für Chir., Nos. 7, 8, 17, and 22.