

IS THE TREATMENT OF CHOLERA EMPIRICAL?

To the Editor of THE LANCET.

SIR,—I have extracted the following case of cholera from my note-book, and although possessing no singularity, yet it may tend to elicit some remarks from my professional brethren, especially as the complaint has been, and is still so prevalent.

Mr. H., a visitor, aged 60, of debilitated constitution, was seized on Sunday last with violent purgings, accompanied with frequent acts of vomiting. The evacuations were of a brown, serous character, and destitute of the least faecal odour. On visiting him an hour after the attack, I found his countenance of a dark livid hue, bedewed with moisture, and extremely anxious; pulse exceedingly weak; extremities of an icy coldness, and suffering severe cramps. Ordered—

Chalk mixture, with aromatic confection and tincture of opium, 3ss.

Make a draught, to be taken every two hours. Heat and friction to be applied to the legs and feet. The medicine was instantly ejected from the stomach, and the effort consequent thereon produced increased exhaustion. I now administered stimuli in the form of brandy with hot water, and one drachm of laudanum. The change was instantaneous. The vomiting and purging ceased; cramps abated; pulse became fuller and stronger; so that after a few doses of calomel and opium, to guard against any after symptoms, he quite recovered, and left for town on Friday. Is not the treatment of cholera quite empirical? I am, Sir, your obedient servant,

G. FRIEND WHITELEY.

Ramsgate, Sept. 9, 1842.

UNIVERSITY COLLEGE HOSPITAL.

ABSCESS IN THE THIGH MISTAKEN FOR HIP-JOINT DISEASE.

R. N., aged 9, was brought to the hospital August 13th, on account of a swelling which had formed in the right thigh. Upon interrogating the father of the child as to the origin of the complaint, he stated that five years ago the boy was made to undertake a very long walk, during which the little fellow complained of being very tired, and limped a good deal. Since that time he has never walked properly, and his right leg has gradually wasted away. These symptoms were supposed to indicate disease of the hip-joint, and were treated accordingly, by the application of leeches and blisters.

About three months ago a swelling made its appearance about the middle of the thigh, which has been increasing in size ever since.

The boy has never complained of much pain, but keeps his knee in the bent position. Upon admission there was a large projection on the outer and middle part of the front of the right thigh, extending upwards towards Poupart's ligament. The veins situated over the swelling were enlarged, as were also those over the iliac region. There was free motion of the thigh in every direction, and no painful sensations were complained of. The whole limb appears smaller than that of the opposite side, and the knee is flexed continually. When the child assumes the erect position the swelling becomes more prominent, and there is distinct fluctuation. A slight impulse is occasioned by the act of coughing.

Upon seeing the child, Mr. Liston made some remarks regarding the different situations in which abscesses usually present themselves in this region of the body. He pointed out that when matter forms within the pelvis, beneath the iliac fascia, it usually makes its appearance superficially beneath the iliac portion of the fascia lata of the thigh, as in the present instance; but that the purulent collection of a psoas abscess generally falls down on the inner side of the femoral vessels, and appears beneath the pubic portion of the fascia lata. That in coxalgia the abscess presents itself near the trochanter major, or in the back part of the thigh; whereas abscesses formed under the superficial fascia of the abdomen present immediately above Poupart's ligament (an instance of which was in the hospital at the time), or close below it, between the two layers of the falciform process of the fascia lata; and that these particular situations in which abscesses present themselves, are those which the healthy anatomy of the parts would lead us to expect.

Mr. Liston remarked, that the present case was certainly not one of hip-joint disease, as the signs of this affection were absent. The limb could be moved in every direction without producing any pain. When the affected limb was laid extended, the length of the two members was the same, and the natural niche of the buttock was not effaced. In cases of coxalgia great pain was often occasioned by abduction of the thigh, by tapping upon the trochanter, or by pressing upon the sole of the foot: in the present case such manipulation gave rise to no complaint.

At his following visit Mr. Liston made an opening into the most prominent part of the swelling with a straight bistoury. A copious discharge of purulent matter followed this incision. A linseed-meal poultice was ordered to be kept applied, and the child to be confined to bed.

After this the discharge gradually became lessened, and the patient left the hospital at the expiration of a month with the abscess nearly healed.