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ITS MANAGEMENT AND MEDICAL TREATMENT.

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CHOLERA—ITS MANAGEMENT AND MEDICAL TREATMENT.

Read before the Norfolk District* of the Massachusetts Medical Society, Jan. 10th, 1866, by BENJAMIN E. COTTING, M.D., of Roxbury.

I. No one who looks over the chart of the wanderings of cholera, or examines the accounts of its various visitations, can fail to be struck with the irregularities of its movements and the uncertainty of its progress. It goes about unmindful of any law yet detected, often in the wake of migrating masses, but not unfrequently regardless of human barriers, and unobservant of the usual routes of human intercourse and traffic. Vessels sailing from an unaffected port are attacked, a thousand miles apart, in mid-ocean. An island, far out at sea, is seized upon. A ship loaded with disinfectants loses its crew on the voyage. The filthiest place in a crowded city is repeatedly passed by. One side of a populous street is invaded, the other untouched. A large city escapes, while in constant and unrestrained intercourse with another which loses thirty thousand persons. Other places, perfectly isolated, are fastened upon—how, or by what means, defying all discovery. In fact, it is far from proved that this disease (or any other epidemic) travels out of its way to avoid favored localities, or to attack filthy and overcrowded places; but, simply, that when the morbific influence rests upon a country, the latter offer a greater proportion of victims in their crowded, impoverished, intemperate, and half-fed inhabitants. Hence the failures thus far of quarantines and sanitary cordons; and a reason for, if not the reasonableness of, the Pope's decision, last season, not to take unusual precautions, but to trust the "Eternal City" to the care of Providence. An English paper derided him for this, and, tauntingly, hoped that he would be more fortunate than in his previous reliance on the same Power. Rome escaped attack, while An-

* It is customary in this District Society to propose questions for discussion, and to appoint members (in alphabetical order) to open the discussion by short written papers. Hence the origin of this article.

cona was decimated, actually losing three thousand out of thirty thousand inhabitants.

The most probable conclusion seems to be, that, whenever the morbific influence passes to, and settles upon, a locality, it remains there until it has accomplished its fatal purpose; and that, before this influence has reached such a locality, diseased individuals may be brought to, or within its borders, without greatly endangering residents therein. Thus the disease did not spread when carried to New York, last autumn; or from similar importation in 1848, though some months later the city was invaded from an entirely different direction, and suffered severely.

In view of such and similar facts the French Government have recently (October, 1865) proposed international conferences in order to adopt measures, with a view "to stifle the evil in its origin," —reputed to be in the fluvial districts, and the holy cities of the East. "It does not suffice" (says the Report of the French Ministers) "to oppose to it, at its various stages, obstacles which cause serious prejudice to trade and commerce, and which are but too often powerless in protecting public health." It remains to be seen what these measures may be, but one must not feel too sanguine. Mecca is the yearly resort of hundreds of thousands of religious enthusiasts, who rush thither regardless of pestilence, and who may not respect cordons, or fear the sword. The Ganges is a large river, and the multitudes bordering thereon are not remarkable for readily conforming to the projects of outside barbarians. In these days of inter-migration the *world will move;* and, as we well know, not even double picket lines of opposing armies can prevent the crossing and re-crossing of determined persons impelled by curiosity, cupidity, or other powerful motives. Nevertheless the project is a laudable one, and deserves the hearty support of every government, and every individual, whatever may be its results. Yet there is too much reason to fear that, whenever the time arrives for the spread and devastations of the epidemic, it will overleap all barriers, and roam where it listeth.

Whenever, then, in the course of events, the "disease-poison" shall visit this country, we may expect, from its previous history, an irregular progress, and unaccountable variations in severity—that it will remain in any locality it descends upon until its work shall be accomplished, a time not materially influenced by its lightness or severity, or by the situation and conditions of the place attacked—that its most frequent victims will be among those, who, from whatever causes, are the most suitable subjects for any epidemic, though the apparently vigorous and strong may not wholly escape—that, as in former outbreaks of the disease, neighbors of those attacked will often be spared, though in conditions apparently much more unfavorable—and that, when the disease moves onward, it will frequently proceed in unforetold and unexpected directions, and will repeat-

edly disappoint public and private calculations—putting at defiance human control or "management."

II. Quarantines and cordons having hereunto failed to prevent outbreaks of cholera, a multitude of expedients have been resorted to, or suggested, to cut short the disease in individuals, or to render it innocuous. One extreme of these, the inoculation of syphilis, only equals in vileness the inert futility of another, the carrying a few grains of camphor about the person. It is hardly necessary to say that a trustworthy preventive for individuals has not yet been found. Sanitary measures, as they are called, are the most important, and should be thoroughly carried out always—not less in seasons of exemption than on the approach of epidemics. For filth and uncleanness, though not disease, nor its primal cause, any more than guano is a cabbage, are nevertheless good fertilizers when the seed is scattered broadcast, and should not be allowed to accumulate at any time, much less till the enemy is at the door; since it seems reasonable that the more a nuisance is stirred in the presence of a pestilence the more deleterious it may become. Keep, therefore, the city, house, and person, at all times, clean; a sane mind and a clean body are the best safeguards for the State, and the individual.

"I believe," says one of our "oldest and most eminent physicians" —"I believe that the best prophylactics against this disease are strict temperance, wholesome food and clothing, uncrowded residences and lodgings, and avoidance of excesses of all kinds."

"Hygienic precautions are the best safeguard; whoever lives *wisely* will seldom suffer from cholera," says Velpeau, the great professional oracle of France.

To the same effect the old verses, quoted in a recent periodical—

> "Tiens tes pattes au chaud,
> Tiens libres tes boyaux,
> Ne vas pas voir Marguerite,
> Du choléra tu seras quitte."

Temperance, wisdom, virtue! when these shall universally prevail many other evils besides cholera will disappear, or become of little account. But if, in our less favored days, and until the present order of things is changed, in spite of all practicable precautions, the disease visits our people—what, then, is to be done? The medical treatment of those attacked is a question raised by our subject. But it is a question more easily asked than answered. The greatest possible varieties of treatment, and the greatest possible absurdities, have had their advocates. One believes the disease to be the same in cause and nature as *sea-sickness;* and another that it is the result of variola mitigated and changed by vaccination—and they prescribe accordingly. In a former epidemic the actual cautery was resorted to; now ice-bags are in vogue (at least at Southampton). The pages of periodicals are filled with uncounted numbers of formulæ, of all degrees of potency and appropriateness—from emetics to ptisans, and from purgatives to plugging the rectum.

On the approach and invasion of an epidemic, disorders of a somewhat similar character, but of milder type, frequently prevail; and no one can wholly escape the operation of the deleterious influence. As to those abdominal disturbances which may occur during the presence of cholera, most teachers urge treatment to arrest or stay their progress—though some advocate purgatives or advise that the diarrhœa should not be checked, but rather promoted, in order to carry the poison out of the system. As examples of the more rational and milder practice—Guérin finds that charcoal (three or four lozenges daily, before meals) is quite sufficient to neutralize premonitory abdominal disturbances; and Velpeau considers three or four drops of laudanum, followed by an opiate enema if necessary, the most trustworthy on the supervention of colic and nausea. Cholerine (as such disorders are sometimes called) is generally easily managed by prudent persons—prudent in diet and general habits. But cholerine is not cholera, or the cause of it. Many succumb to cholera, after recovery from cholerine; and often cholera makes its attack without any warning appreciable to the patient. We believe, however, that the disease, like many others, has a period of incubation in every instance.*

"When the attack assumes a more serious form," says M. Velpeau, "and vomiting sets in, the patient must be considered in great peril, because the remedies introduced into the stomach are no longer absorbed, and become absolutely useless. External measures of treatment must now be resorted to, such as frictions, hot blankets, &c., very insufficient defences against so formidable an enemy. This, however, is the sad truth, and cannot be altered by idle lamentations."†

Even the subcutaneous introduction of sedatives, we may add, has proved inefficacious; the action of the absorbents being altogether lost or suspended.

As the stomach becomes insensible in most cases of severity, it should not be crowded with drugs or other substances. It is often better to withhold entirely both food and drink, except, perhaps, a few drachms of wine. An enema of pure wine and water, say two ounces of each, has been recommended at this stage. It will do less harm than saline preparations, and may possibly be of service. Rest and warmth of a bed are indispensable, but extremes of heat and cold should be avoided—and the same may be said of other external applications, frictions, &c. Hyperpraxis and tumultuous activity, the great jeoparders of the sick in all severe diseases, are especially to be guarded against in this epidemic.

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* "The poison which generates cholera" "certainly possesses in an extraordinary degree the properties which all morbid poisons possess in some degree, of lying latent for a length of time, in certain localities, or in the constitutions of individuals, or both," &c.—*Cyclop. Pract. Med.*, vol. iii., p. 253.

† Answer to Le Verrier, the astronomer, who, at a recent meeting of the Academy of Sciences, adjured those who were acquainted with the truth to state it without any reservation whatever.

Cholera, like most other diseases, often ends favorably. Only about one half even of the worst cases prove fatal. Each case must be treated according to its own peculiar requirements, on such general principles as every rational physician should understand. The milder methods, quoted above, seem reasonable in themselves, easy to carry out, and are supported by amplest experience and the highest authority.

According to a limited experience and observation in former epidemics, that course is best which, with the least violence or perturbation, may soothingly tend to sustain the vital powers during the progress of the disease to its spontaneous termination. *There is no other treatment of absolutely reliable efficacy.*

These views may not be popular (a *nosoclast* is the popular idea of a physician, both in and out of the profession), but they are none the less true; and, in matters of so much importance, the truth should be communicated without reservation.

P. S.—Since the above was written we find the following in the London *Medical Times and Gazette* for November, 1865, p. 577; and we wish, for the sake of the sufferers, that believers in the "*necessity* of medication in disease" in all cases, would ponder well its suggestions before they proceed to heedlessly dose their patients, overlooking, or ignorant of, the real nature and tendencies of their complaints.

Thus a *careful* physician speaks for *himself*:—

"What we desire is a statement of the excess of benefit derived from ice over that from careful treatment without drugs (which we pray for, should we have cholera ourselves) and over other systems of medication. When we say careful treatment, we mean the giving of nourishment, and the comforting the patient in those small details which can only be attended to by a kind and skilful medical attendant, who does not conceive himself bound to *try* something for the sake of appearances."

M. Velpeau also said, at the meeting before referred to, that "the failure of the various medications advocated is attributable to a grievous mistake of the public, and even of professional men, who are under the impression that diseases are not susceptible of a spontaneous cure. Many affections yield without treatment, and, it must be acknowledged, sometimes in spite of all treatment. To this fact we must not be wilfully blind. An opposite opinion unfortunately prevails. . . . . After the exhibition of a remedy the symptoms have yielded once, twice, thrice, or oftener; hence it is inferred that the cure has been in consequence of the treatment. The inference is a natural one, but almost invariably incorrect."