

TREATMENT OF CHOLERA WITH SULPHUROUS ACID.

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CASE.

GR. C.—a strong healthy man, aged 26, was attending hospital for three days for slight diarrhoea which was apparently cured, but on the morning of the 7th instant, when we arrived in camp, he got a relapse, for which he was admitted. He seemed to be getting better, until about 5 o'clock P.M., when he commenced to vomit, and shortly after complained of cramps in his abdomen, and in about half an hour severe purging began. The stools were very profuse and watery at first, coloured by the previous intestinal contents, but soon became of the rice-water character. This continued until 10 o'clock P.M., when it ceased, during which period he had altogether nine motions. His condition was one of extreme collapse, face of a livid hue, skin bathed in cold sweats, extremities cold, pulse very weak and thready, 130 per minute. The temperature was not taken, as the bullock wagon carrying the cases met with an accident on the road. I saw him at 12 P.M., when all purging had ceased; he was most restless, tossing about, and had an attack of vomiting again.

8th.—Brought him on in a *doolie* to next camp. He had a very bad night, no sleep, and was very weak. Had no motion during the night; at 11 o'clock A.M. he passed a small quantity of urine. One motion at 4 o'clock P.M., which was quite liquid and of a greenish hue.

	Morning.	Evening.
Temperature 99	... 98.4
Pulse 70	... 95

9th.—Had him conveyed as before to next camp, had a good night, slept well, no motion during the day, passed urine freely. He is still very weak and depressed, has no appetite. Pulse 90. Temperature normal.

10th.—Brought him on to next camp; he passed urine freely, but had no stool. Pulse 90.

Temperature normal.

11th, 12th, 13th.—Had a stool each morning, appetite returning.

14th.—Discharged him to attend hospital, which he has done until the 18th instant, when he seemed quite recovered.

Treatment.—He was isolated at once in a small tent to windward of camp, and a warm bath was ordered, during the interval a large mustard poultice was applied to his abdomen, and the following mixture given:—Tinct. opii. ℥x, Acid. sulphurosi ℥iv, Aqua ad ℥iv. One ounce every hour.

He was then put in the bath, to which mustard had been freely added, in which he was left for some time. He was taken out, rolled in blankets, and constant rubbing kept up for over half an hour, until the skin commenced to act freely, which, however, only lasted a short time. After the third dose of the above-prescription, he was in such a state of collapse that I withdrew the opium and gave him the sulphurous acid in drachm doses every half hour, which was continued until 11 o'clock P.M. During the entire period sulphur was kept constantly burning in the tent; for two reasons, one that he might inhale the sulphurous acid in the gaseous state, the other as a disinfectant. On the 18th instant and following days, he took the sulphurous acid in combination with opium thrice a day. During the first 24 hours he got a bottle of champagne and six ounces of brandy. His diet for the first four days consisted of milk and eggs, which were gradually withdrawn.

Remarks.—How sulphurous acid acts on the "cholera poison," is a matter of conjecture, and will remain so until the so-called poison is discovered. Garrod states that it has a destructive influence on vegetable life. This may account for its efficacy. This is the second case I have seen recover under this form of treatment; one was a very severe case under the care of Surgeon-Major Wills, C.B., the other the above-mentioned. I trust some of your readers will favour us with their experience in this matter.

A CASE OF TRAUMATIC TETANUS FROM PRACTICE.

BY ASST.-SURGEON KHIRODA PROSHAD CHATTERJEE.

ON or about the 9th October last, a young lad, aged 12, met with a tram accident. The accident occurred in a somewhat

curious way. The lad left the car, while it was in motion, uninjured; but while, out of sheer childish prank, he tried to pick up with his right foot one of his slippers which fell off from his foot below the car, he was run over. The right foot sustained a compound comminuted fracture obliquely across the toes. He was instantly carried to the Shumbhoo Nath Pandit Dispensary, where he was dressed with carbolic dressing, after pieces of bone were taken out of the fractured foot, and he was ordered a mixture of chloral and bromide every three hours. He was then carried home and placed under two able suburban practitioners. A question then arose about the advisability of instant amputation to ward off threatening tetanus which is so apt to supervene in these accidents. But the parents not consenting, he was placed under the same medicines and dressed as before. Two or three days after the accident, the patient shewed symptoms of sinking, and he was ordered brandy and musk mixture. He improved, but on the fifth day of accident he complained of difficulty of deglutition and articulation, and on the sixth day decided lock-jaw set in. I was called in on the seventh day, and kept him under watch on the same medicines. On the eighth day fits, at first slight, supervened. This alarmed the parents, and Dr. Cayley was called in consultation. He continued the chloral, but omitted the bromide, and ordered an eighth of a grain of eserine sulph. B. D. The question of amputation, to remove the local causes, again arose, but Dr. Cayley was decidedly against it on the ground that in traumatic tetanus it is worse than useless to remove the local cause when the general disease has begun. The sulphate of eserine at first acted wonderfully in diminishing the frequency and violence of the fits. But after two days it did no good, the temperature all along ranged between 100° F. and 101° F. From the 19th it began to rise steadily, till on the 21st it came up to 105.8° F.

The bowels being confined for some time, a fetid enema was given on the 19th, but it did not work well. The fits increased in frequency and violence, and finally there was distinct opisthotonos which ended in death on the 21st October.

Remarks from a clinical point of view. 1st.—Could amputation avert the tetanus if resorted to before the setting in of distinct tetanic symptoms?

2nd.—What is the value of strict Listerism in traumatic tetanus?

3rd.—Are hypodermic injections calculated to be of any service in these cases, or do they merely add to the local irritation?

4th.—Could we safely place the patient under continuous chloroform inhalation?

I shall feel under great obligations if any of your readers will kindly enlighten me on these points.

A CASE OF INTESTINAL OBSTRUCTION.

BY ASSISTANT APOTHY. H. H. M. JUDGE, MADRAS ARMY.

Successfully treated by Morphine and Atropine.

I WAS summoned at 5 P.M. on the 15th May, 1882, by letter, to see Mrs. J., who had been ill for two or three days previously. On my visit I found the patient complaining of pains of a spasmodic character, along the transverse colon, and inability to retain any nourishment; the vomited matter was said to consist chiefly of bile. Enquiry into her previous history elicited the statement, that the bowels could not be got to act without the aid of medicine of some kind; this condition of things having obtained for some time past. An enema taken in the afternoon had the effect of dislodging a few scybalæ. There was no pyrexia present; the tongue was clean and moist.

A large warm water enema was ordered and effervescing draughts with hydrocyanic acid and spts. of chloroform to check the sickness of stomach; turpentine stupes to abdomen. Fluid nourishment.

16th May, 6 A.M.—Passed an indifferent night from colicky pains and incessant vomiting, which is proving harassing; no action of the bowels.

Ordered, Ol. Ricini ℥i, Tinct. Opii ℥xv, Aquæ Menthæ Pip. ℥i St. Sinapism to epigastrium, ice to suck, continue turpentine stupes.

12 NOON.—Rejected the oil soon after taking it, and has scarcely retained anything; feels dry and thirsty, no fever; tongue clean and moist, pulse quiet. Examination shewed the abdomen to be quite supple and free from tenderness, except at a spot to left of umbilicus where pressure caused her to wince. No fullness of either iliac region.