

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

Original Communications.

REVIEW OF DIAGNOSIS AND TREATMENT OF ASIATIC CHOLERA.*

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If the first cases which occur in a district could be promptly diagnosed, there would be little difficulty in stamping it out. But unfortunately it presents no distinctive symptom which is not occasionally found in sporadic cholera. Moreover, the characteristic phenomena are not often developed at first, and as the premonitory diarrhoea is frequently controlled with comparative ease, many such cases may occur before it is recognized. The history of its advent in many places inclines me to the belief that the earliest cases have been overlooked as simple diarrhoea. The outbreaks at the asylums of Lauffen and Neittlehen, in Germany, would seem to bear no other explanation, and coming nearer home, the cases occurring in New York City last year, scattered as they were over such a wide area, points in the same direction. These mild cases propagate the bacilli as readily as the more severe, and, in unconscious ignorance, they may be sown far and wide, to bring forth an abundant harvest of malignant cholera. Situated as we are so far to the west, with such abundant warning, we should treat every case of diarrhoea with all the sanitary precautions that we would employ if it were a known case of cholera. While it is true that there are no symptoms whereby we may with certainty diagnose the early stage of cholera from diarrhoea or cholera-morbus, yet there are some symptoms which are very rare in anything but true cholera, such as vertigo, tinnitus aurium, headache and much greater depression of spirits. In any case of diarrhoea, with a possibility of cholera before us, a marked prominence of ner-

vous phenomena should cause us to suspect cholera. When to these are added symptoms of shock, such as rapid, weak pulse and peripheral coldness, the probability is increased; but when, in addition, we have cyanosis and suppression of secretions, it amounts almost to a certainty.

The symptoms are sometimes severe from the outset, but the vivid pictures of the books are rarely seen till in the advanced stage. So far as symptomatology is concerned, it may be taken as granted that, as stated by Osler, "the clinical picture presented by Asiatic cholera is almost identical with that of cholera nostras." Bearing this in mind, it becomes our duty to procure a thorough bacteriological examination, as soon as possible, in any suspected case. By this means alone can an absolute diagnosis be made.

The fatality is said to be all the way from 30 to 80 per cent. of those attacked. Any diseased condition of the intestinal mucous membrane renders the disease very fatal. Bad hygienic conditions, such as over-crowding, bad air, poor food, impure water, or anything which causes a condition of depressed vitality, renders a person an easy prey to any disease, and cholera is no exception. This is an important fact, that deserves more attention than it usually receives. A man may think and declare that he is in good health and may have the appearance of health, and yet, on account of his having been breathing impure air, drinking bad water, or some other cause, he succumbs to a disease from which an apparently weaker person would easily recover. This is known to be true of beer-drinkers who, while they have the enviable, rosy hue of health, make a poor fight when disease attacks them, and it is just as true in regard to other conditions of lowered vitality.

Tobacco is not often referred to as an element in prognosis, yet there are eminent men who do not hesitate to declare that it very much diminishes a man's chances of recovery from cholera.

In attempting to review the treatment of cholera, I shall only take up a few of the remedies and methods which have been employed, and endeavor to discuss the principles involved, without wearying you with details, which are to be found in every medical journal. The indications for treatment are not at all well marked. For instance, it is not certain that the alkalinity of

* Read before the Ontario Med. Association, June, 1893.