

A letter addressed to the Central Board of Health, written with the view of establishing rational principles for the treatment of cholera : and shewing the danger of the mode of practice at present generally followed / by John George French.

Contributors

French, John George, 1804-1887.
Great Britain. Central Board of Health.
University of Glasgow. Library

Publication/Creation

London : C.J.G. & F. Rivington ... J. Wilson ... and W. Sams, 1832.

Persistent URL

<https://wellcomecollection.org/works/zpz432e5>

Provider

University of Glasgow

License and attribution

This material has been provided by This material has been provided by The University of Glasgow Library. The original may be consulted at The University of Glasgow Library. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.

**wellcome
collection**

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



7

A Letter

ADDRESSED TO THE

CENTRAL BOARD OF HEALTH,

WRITTEN

WITH THE VIEW OF ESTABLISHING RATIONAL PRINCIPLES FOR
THE TREATMENT OF

CHOLERA;

AND

SHEWING THE DANGER OF THE MODE OF PRACTICE AT
PRESENT GENERALLY FOLLOWED :

BY

JOHN GEORGE FRENCH,

SURGEON TO ST. JAMES'S CHOLERA HOSPITAL, AND
RESIDENT SURGEON TO THE INFIRMARY OF
ST. JAMES WESTMINSTER.

*It is only when we are wandering and lost in the mazes of particulars,
or entangled in fruitless attempts to work our way downwards in the
thorny paths of applications, to which our reasoning powers are incom-
petent, that nature appears complicated.*

SIR J. HERSCHEL.

LONDON :

C. J. G. & F. RIVINGTON, ST. PAUL'S CHURCH-YARD, AND
WATERLOO PLACE ; J. WILSON, GERRARD STREET ;
AND W. SAMS, ST. JAMES'S STREET.

Price One Shilling.

THE
COUNCIL OF THE
ROYAL SOCIETY OF LONDON

IN THE YEAR 1881

OF THE

MEMBERS OF THE SOCIETY

AND

OF THE

A LETTER
TO THE
CENTRAL BOARD OF HEALTH.

GENTLEMEN,

The office of Surgeon to a Cholera Hospital has afforded me opportunities of observing the disease; and from close attention to the phenomena attending it, I have been led to the following conclusions.

That the alimentary canal becomes subjected to a process which altogether supersedes digestion, and, by this process a large quantity of fluid is produced as an excretion, which rapidly diminishes the bulk of the blood: with the mechanism of this production, we are as yet unacquainted.

That this constitutes the disease.

That in some instances the disease continues its progress till the death of the patient ; but, in the very large majority of cases, when left to nature, the disease ceases when it has produced a state of collapse, varying in intensity.

That this state of collapse is remarkable in the phenomenon, that the patient himself complains of heat felt throughout his body, while to the by-stander he appears to be perfectly cold.

That extreme thirst attends this state of collapse.

That though fluids, requiring digestion, are rejected by the stomach, and therefore with difficulty find their way into the system,—cold water, which is most grateful to the patient, becomes gradually received and retained.

That the blood, in consequence of a change in its constituent principles, by which it becomes more viscid, is thereby rendered less easy of circulation.

That though the evacuations of the morbid excretion cease, retching continues, which assists, mechanically, the passage of the blood, and produces a general relaxation of the system ; hence diminishing the obstacles to the circulation of this fluid.

That when the system becomes replenished with fluid to a certain extent, and the circulation of the blood thus acquires a certain degree of energy, the gall duct which remained closed, during the progress of the disorder, now permits the flow of the bile. The bile, generally in a vitiated state, becomes ejected by vomiting, (this action still assisting the circulation) a further flow of bile then gradually prepares the alimentary canal for its proper functions.

That though no specific fever follows the disease, the shock, thus given to the system, commonly produces the most severe effects in the form of local inflammations and congestions in the various viscera.

These phenomena I first had occasion to observe, fully developed, in the case of a woman fifty years of age, who obstinately refused to take remedies of any kind.— Her symptoms were so bad, that I proposed injection of the veins, but to this, likewise, she would not submit. (See Case 2.)

I trust that these propositions may have some effect in establishing a rational mode of treatment; for I am satisfied that numerous cases owe their fatal termination to the results of *improper* treatment. The patients to whom I gave internal stimulants, died, and the application of external heat to the whole surface I have found to increase the collapse. Exciting the skin in any way has a tendency to produce a copious exudation on its surface, which produces similar effects to the morbid excretion from the bowels—Indeed under any circumstances of treatment it will be found that this exudation exists to a greater or less degree, but I have invariably observed that it has become augmented, where

the skin has been too highly stimulated. I apprehend there is but little doubt that the violent means, frequently resorted to for the recovery of the patient from the stage of collapse, have often assisted in hurrying him to the grave. It is, therefore, with submission to the opinions of the Board and to those of my professional brethren, I would suggest, that the treatment be of that simple kind, which is not likely to interfere with the processes, that I have assumed to be resorted to by nature, for the recovery of the patient: I detail some cases to illustrate my propositions, and I have the satisfaction of knowing that others to whom I have suggested these principles of treatment, have met with similar success.

I have the honour to be

Gentlemen,

Your most Obed. and Humb. Servant,

JOHN GEORGE FRENCH.

St. James's Infirmary,

August 28th, 1832.

Digitized by the Internet Archive
in 2015

CASE I.

Margaret Lidgate, aged nine, was admitted from the Burlington school on the 8th July, at one P. M., labouring under the following symptoms.

Vomiting and purging of rice water evacuations; skin below the natural temperature; eyes sunk deeply in their sockets; tongue furred; pulse nearly imperceptible; thirst excessive; voice whispering, and occasionally shrieking; considerable jactitation; cramps in the extremities;—the patient continually expressing her urgent desire for cold water.

Cataplasmata sinapis
Spinæ et scrobiculo cordis applicanda.

R. Sodæ Muriatis.

— Carbonatis a ʒß.

Potassæ Nitratis ʒj.

Misturæ Camphoræ ʒviiij. Misce; fiat mistura; cujus capiat cochleara magna duo omni hora.

Hydrargyri Submuriatis gr. ij. ; fiat pulvis
omni hora sumendus.

To drink cold water ad libitum.

3. P. M. Vomiting and purging not so
violent.

9. P. M. Symptoms continuing without
increase ; pulse occasionally imperceptible.

9th. 1. A. M. Lower extremities and
trunk warm, the upper extremities and face
continuing cold and clammy.

9. A. M. Has had some sleep, vomiting
continues ; purging has ceased ; the hands
becoming blue and shrunk ; lower extremi-
ties warm ; pulse at the wrist imperceptible.

9. P. M. Skin warmer, pulse can now be
felt ; countenance improved ; vomiting con-
tinues ; contains green bile ; has passed a
bilious motion, sleeps occasionally.

10th. 9. A. M. Heat of forehead, grind-
ing of the teeth, occasional delirium.

Hirudines iv. temporibus applicandæ.

9. P. M. Pulse 98 ; more sensible.

11th. 9. A. M. Tongue covered with brown fur ; pulse 96 ; has passed a bilious motion with which probably there is some urine, otherwise has passed none since the commencement of her disorder ; skin cool.

A little wine and arrow-root occasionally.

9. P. M. Some improvement ; has passed a small quantity of urine.

12th 9. A. M. Tongue very red and moist ; considerable disposition to sighing ; has slept a good deal at intervals during the night ; pulse 94.

Beef tea with arrow-root.

14th. Convalescent, but still weak to a considerable degree.

17th. Left the Hospital recovered.

CASE II.

Ellen Ellis, aged fifty, a pauper in St. James's Workhouse, admitted into the Cholera Hospital 15th. August, 12 noon. Collapse of the features; lips blue; pulse very weak; skin cold and clammy; vomiting and purging profuse.

Ordered.

Mustard Emetic.

Bottles of hot water to the feet.

Water for drink.

15 grains of Calomel every hour.

Refuses to take any medicine whatever.

A vein opened with the view of injecting the veins—though the vein was opened blood would only come by single drops at considerable intervals. The injection was not submitted to.

12. P. M. Skin perfectly cold and clammy; pulse imperceptible at the wrist, vomiting and purging abated.

16th. 9. A. M. Pulse perceptible ; skin cold but not moist.

5. P. M. Vomiting has returned for the first time since early this morning ; legs and trunk warm ; arms cold ; pulse very distinct 80.

17th. 9. A. M. Has passed a very restless night, afraid to drink any thing lest it should contain medicine ; surface not quite so warm as yesterday evening ; no motion since yesterday ; vomiting continues.

6. P. M. Pulse somewhat hard ; arms still and cold, but there is some degree of warmth about the forehead ; slight stupor.

Venæ Sectio ad \bar{z} viiij.

18th. 10. A. M. Blood drawn yesterday black with a few spots of buff ; coagulum not firm though slightly elevated at the edges ; has passed a better night.

To have a little mutton broth.

19th. 10. A. M. Tongue covered with a brown fur; passed two bilious motions yesterday; pulse weak; skin somewhat cold; great disposition to sleep.

R. Hydrargyri Sub.

Quin. Sulp. a gr. j : fiat pilula ter die sumenda.

20th. 10. A. M. Has passed a good night; free from pain; pulse soft and somewhat full; tongue rather dry; bowels have acted; motion well tinged with bile.

21st. 10. A. M. Passed a restless night; in other respects much the same.

2. P. M. A quantity of feculent matter tinged with bile passes involuntarily.

R. Cupri Sulphatis, gr. $\frac{1}{4}$

Pulveris Opii, gr. $\frac{1}{4}$

Camphoræ, gr. ij. fiat pilula, quarta quaque hora sumenda.

22nd. Little improvement.

Pergat in usu pilularum.

23rd. The colliquative diarrhœa much decreased. From this time she has continued steadily but slowly to improve.

CASE III.

Ann Pollock, aged forty, complained of severe vomiting and purging, occurring during the night of the 22nd August. On the morning of the 23rd there were some symptoms of collapse. I requested her motions might be put by for my inspection, and at 5 P. M. they were of a decidedly gruel-like appearance—and other symptoms of collapse were more marked. I now desired her to go to the Cholera Hospital, whither she was able to proceed walking with the assistance of another person. On going into the ward where three other patients were in bed, she was suddenly seized with the most violent alarm, and after walking up and down the room in a state of considerable agitation, she escaped from the ward and remained in another room down stairs during four hours.

10. P. M. Skin warm ; pulse firm ; countenance much improved ; says she is quite well. She obtained permission to return to the workhouse. The following day she continued to feel herself very well.

25th. 9. A. M. Has had a return of the vomiting and purging with much greater violence, and is in a state of complete collapse ; no pulse at the wrist ; hands and feet cold, blue and corrugated ; features shrunk ; lips livid ; eyes sunk ; cramps ; vomiting and purging of rice water fluid ; urgent thirst.

Sinapisms to the spine, and epigastrium.

Hot water bottles to the feet.

Cold water, ad libitum.

11. A. M. Retches violently, but does not eject the water.

1. P. M. Pulse perceptible ; surface of body regaining some degree of heat.

2. P. M. Retching still very distressing ; great anxiety of countenance.

8. P. M. Surface colder ; can bear more clothing.—Rep. Cataplasma Sinapis scrobiculo cordis.

12. P. M. There is some slight increase of heat again; the lower extremities are cold, and the application of warm bottles is agreeable to the feelings of the patient; retching continues; purging has ceased; the skin is dry except occasionally upon the face.

26th. 9. A. M. Retching continued during the whole night; stomach quieter this morning; countenance improved; pulse more perceptible.

1. P. M. Improving; has passed a clay coloured motion.

27th. Passed a very restless night; complains of pains in all her limbs; stool of darker colour; urine voided freely.

28th. Better in every respect.

REMARKS.

These cases may be considered as specimens of a very severe form of the disease.

The importance of studying the mechanism of re-action in this disease, before we venture to interfere with it, is so great, that I trust I shall be excused for again adverting to it.

The efforts of nature to effect this object are these.

1. Absorption of water into the blood-vessels.

2. Nausea; which produces general relaxation of the system; thus diminishing obstruction to the passage of the blood in the vessels.

3. Retching, or vomiting; which mechanically assists in driving forward the blood in the congested vessels.

As long as there is thirst ; with a sensible diminution of the evacuation of the bowels ; there is every rational hope that re-action will take place by the efforts of nature, if no mischievous interference be permitted. The situation of the patient is now too critical, while such a process as I have described is satisfactorily going on, to hazard the chance effect of medicines which the speculations of the ingenious may suggest ; though I may take occasion to observe, that Dr. Stevens' saline mixture is harmless at the least, if not beneficial ; the thirst may be by this probably increased ; and the kidneys may be probably stimulated : but if it should be observed that the respiration becomes exceedingly hurried, the alæ nasi flapping, and pain and considerable distress is experienced in the chest ; the action of an emetic, and the local stimulus of a sinapism may be extremely useful. The *feelings of the patient* with regard to temperature must be especially attended to. It is unwise to add to the oppression of the nervous system, by subjecting him to a disagreeable degree of heat, which is so commonly done.

In some instances the disease is yet of more violent character,

Mrs. B.— aged forty, of robust constitution, Matron of St. James's Cholera Hospital, was in apparent good health, and in cheerful spirits, on the morning of the 8th July, during which she had been engaged in rubbing the legs of Margaret Lidgate (Case 1) to relieve her cramp. At half past 5. P. M. she complained that she had been seized with purging three or four times within the last quarter of an hour: ordered the following medicine.

R. Confectionis Aromaticæ ʒij.

Ammoniaë Carbonatis ʒj.

Tincturæ Opii gutt. xx.

Misturæ Cretæ ʒvj. Misce; fiat mistura; cujus capiat cochleara duo magna pro re nata.

Half past 6, Vomiting increased; profuse purging; countenance shrunk; violent cramps; giddiness; thirst excessive.

Cataplasmata sinapis spinæ et scrobiculo cordis.

Venæ Sectio ad ξ iv. which was all that would flow from the arm.

R. Hydrargyri Submuriatis ϑ j.

Pulveris Opii gr. ij.

Fiat pulvis statim sumendus.

8. P. M. Cramps not so violent; but still continued from time to time.

9. P. M. Rep. Pulv. cum Cal. et Opio.

10. P. M. Cold clammy sweat over the surface of the body.

9th 1. A. M. Violent spasms of the diaphragm; countenance and hands extremely shrunk and of dark hue.

3. P. M. Hurried moaning respiration—moribund.

Half past 6, Death.

In such a case as this it is difficult to imagine that any plan of treatment would have saved the patient;—that pursued was at least so entirely inefficient, if not hurtful;

that it would, I conceive, be folly to adopt it under the same circumstances again. We know that Cholera will sometimes terminate in the collapse of death, when left to nature. The only legitimate indication of cure, if we could previously determine such a case at the onset of the disease, must be this—To alter the *mechanism of the disease*.

Astringents have not, I believe, done this.
Calomel, I believe, has not done this.

Emetics and the more powerful cathartics appear to be the most rational though dangerous remedies to effect this indication; but there is every reason to think that a disease occurring in so violent a form, is as incurable, as is the case of typhus fever which, under the most skilful treatment of the experienced, terminates fatally on the third day.

THE END.

that it would I conceive be likely to admit
it under the same circumstances again
We know that the disease is not
infectious in the ordinary sense of the word
to return to the same individual
of course it is not generally infectious
such a case at the end of the disease
must be this - To show the possibility of
the disease

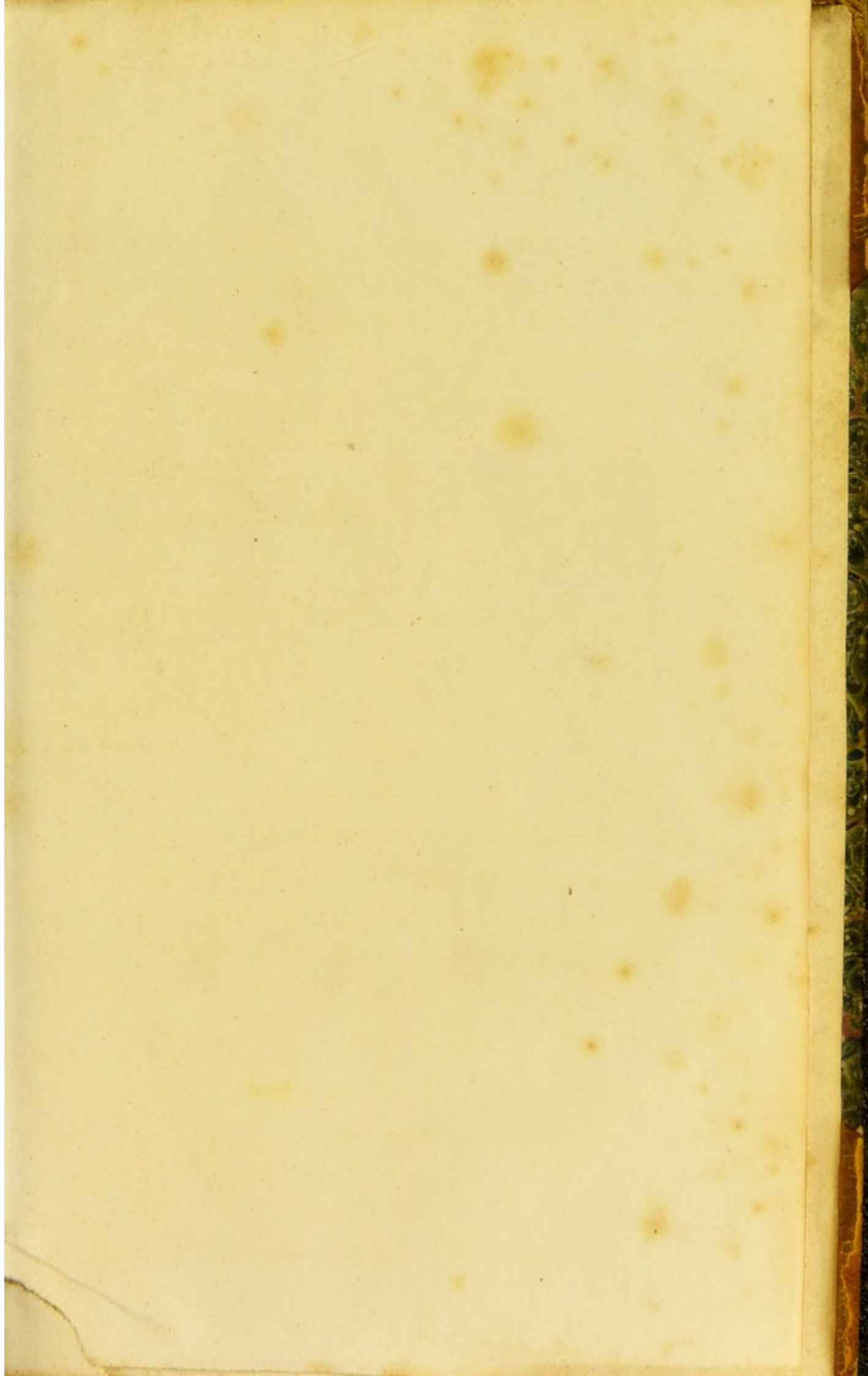
As regards however I believe that this
disease I believe has not been this

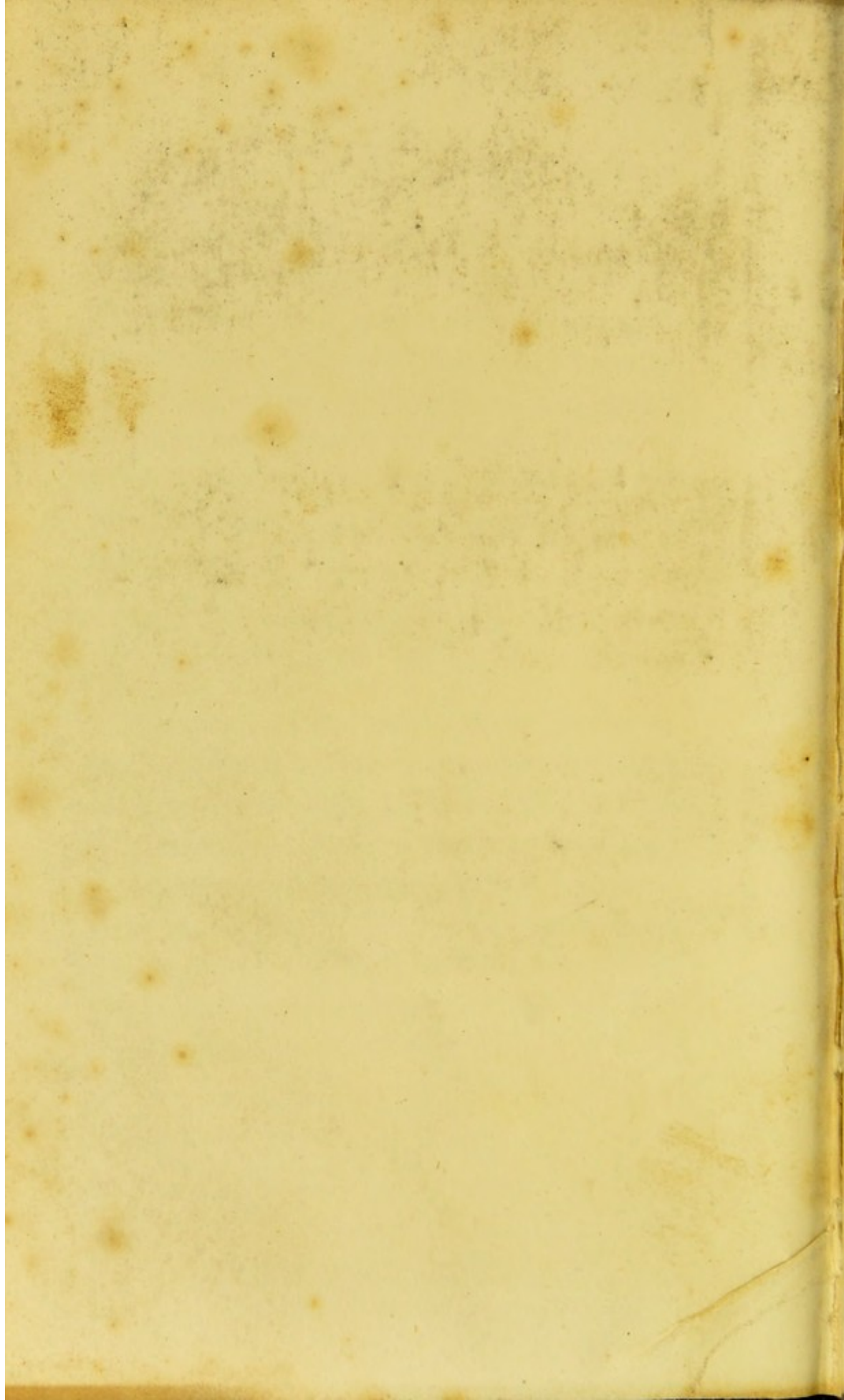
It is not the same powerful rather
it appears to be the most common though
dangerous to health in other the latter
then; but there is every reason to think that
a disease occurring in a violent form is
as infectious as the case of typhus fever
which under the most skillful treatment
the recovery is not the same as in
the latter

that it would, I conceive, be folly to adopt it under the same circumstances again. We know that Cholera will sometimes terminate in the relief of itself, when left to nature. It is only necessary, in such cases, if we could previously determine such a case at the onset of the disease, must be this -- To alter the mechanism of the disease.

Astringents have not, I believe, done this. Calomel, I believe, has not done this.

Emetics and the more powerful cathartics appear to be the most rational though dangerous remedies to effect this intention; but there is every reason to think that a disease existing in so violent a form, is incurable, as is the case of typhus fever which, under the most skillful treatment of the most eminent physicians, is still the same.





52

