In schools and other places where many are living together it will be advisable to have a bottle or bottles ready of cholera-mixture, to be made thus:—

Brandy or strong rum	...	1 bottle
Laudanum	...	320 drops
Red-pepper powder	...	32 grains

mix.

Dose.

For an adult (if accustomed to stimulants)	2 wineglassfuls.
For an adult	1 wineglassful.
Fourteen years	½ wineglassful.
Six to eight years	1 dessertspoonful.
Two to five years	1 teaspoonful.

Also, under such circumstances, instead of mustard and red pepper, use two parts of coarse atta and one part of red pepper made into a poultice. If the first dose is rejected, give a second.

When there is no pulse perceptible, or it is very weak, the above mixture must on no account be given. The treatment should be,—

1. Mustard and red pepper poultice.
2. Saturated solution of camphor in spirit of wine.
   Dose—One to three drops in water every quarter of an hour.
3. Hot water enemas as hot as can be borne, having dissolved in them half an ounce of common salt, and thirty grains of carbonate of soda, to be injected every half-hour and retained as long as possible. These are useful in restoring warmth and the pulse in cases of extreme collapse.
4. As soon as the pulse begins to be felt, and the urine to be secreted, give, at short intervals, small quantities of light and easily-digested food.

N.B.—In every case send at once for a doctor.

G. R. PLAYFAIR, M.D.,
Deputy Inspector-General of Hospitals, Agra.

PETTENKOFER ON CHOLERA.

The following remarks by the German hygienist Pettenkofer are interesting for their expression of views at variance with those of Professor Tyndall in his recent letters to the papers, and held by most authorities in this country:—

"The epidemic propagation of cholera is dependent not only upon the distribution of the infectious substance by intercourse and traffic, but equally (1) upon susceptibility of the locality into which the infection may happen to have been imported, and (2) upon individual susceptibility. A number of places, and even large cities, in spite of an importation of the infection have again and again withstood any extensive dissemination of the epidemic. Some places exhibit a chronic susceptibility for the disease, which is the case in India, the birthplace of cholera, where the mortality of those afflicted varies with the season, or, in other words, cholera assumes a deadly or mild form according as the season is favourable or not for its development.

"It is a mistake to suppose that the only source of the infection is the cholera patients themselves, or what they have touched or worn. Doctors and nurses in cholera hospitals do not as a rule catch the disease, whereas, on the other hand, an outbreak of cholera has often been observed in places where it was proved that no contagion had taken place: this was the case in Malta in 1865. This little island, from the moment the outbreak of cholera was telegraphed from Alexandria, was placed under a most vigilant quarantine, which went so far that any person from Malta who was obliged to communicate personally with the ships in quarantine (lying off an island isolated from Malta itself) was not allowed to return to Malta. In spite of this extreme vigilance cholera broke out in Malta with a severity neither greater nor less than in other years. Cleanliness of body, houses, and streets is the best preventive of cholera. A chronic disposition for cholera depends a good deal upon the drinking-water. Differences in age, temperament, bodily condition, &c., have a great influence on individual susceptibility for most diseases and epidemics, and more especially cholera. The chief thing during a cholera epidemic is to avoid any diet likely to cause diarrhœa, and, should an attack of simple diarrhœa occur, not to neglect it, but at once to call in medical advice.

"There is no great danger in nursing a cholera patient when removed from the infectious place, since not from the patient but in the place lies the danger of an infection."—*Neue Rheinische Kreuz Zeitung.*

NOTES ON THE TREATMENT OF CHOLERA IN LONDON, 1853 AND 1854, BY F. A. MONCKTON, AT THAT TIME ATTENDING THE LONDON HOSPITAL, AND CHOLERA-VISITING.

First diarrhœa, and then a general relaxation, causing the serum of the blood to pour from the bowels, cold of the extremities first, and then with collapse of the whole body.

Acidulated drinks (chiefly with sulphuric acid) with stimulants and laudanum proved most useful. Injecting the veins with brandy and water, or ammonia, only temporarily revived the patients, but saved no lives.

I believe if Dr. Richardson's artificial serum had been known and used it would have proved effective. I append the formula for making it.

The effect of the laudanum seemed twofold: first, by constipating and checking the peristaltic action of the bowels, and, secondly, by allaying the nervous terror, as it was noticeable that those who got scared died.