

## A LITTLE KNOWN TREATMENT FOR SUNSTROKE.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

DEAR SIR,—In confirmation of Surgeon-General R. H. Quill's letter (*vide* "Correspondence" in the Journal for January, 1907), may I be permitted to quote an extract from my notes of the late Professor Maclean's lectures at Netley in the previous year (1871) as follows? "Parkes suggests an enema of ice-cold water to reduce excessive heat of the skin." This, of course, in addition to other routine treatment of sunstroke, wet packing, douche, &c.

It does not seem out of place, even at this distance of time, for senior as well as junior officers to direct attention to a matter of such enduring clinical interest, and, as I know, practical use, "lest we forget."

I am, &amp;c.,

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TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

DEAR SIR,—With reference to Captain Foulds' article on the Treatment of Heat-stroke by Ice-water Enemata, it may be of interest to your readers to hear our experience of this method.

We have both spent a considerable time in the station in which Captain Foulds obtained most of his experience of the treatment, and a considerable number of cases of this disease have come under our notice. In our opinion, the results of treating the disease with ice enemata were the reverse of conducive to its general adoption. Nearly all the cases in which the enemata were given showed marked collapse after the administration. One case thus treated which came under our notice terminated fatally in a few days with symptoms of severe "dysentery," and *post-mortem* the rectum was found to be partly gangrenous, the pathology being probably identical with the gangrene following frost-bite, and due to prolonged exposure of the mucous membrane to a very low temperature. For these reasons neither of us felt justified in adopting this form of treatment.

The cases cited by Captain Foulds with temperatures varying from 103° F. to 105° F. might conceivably not have been heat-stroke, and if they were they must have been mild ones: more probably they were cases of malarial hyperpyrexia, as are many cases of so-called heat-stroke.

More than 30 per cent. of the cases of hyperpyrexia admitted in Jhansi during 1904-1906, reacted at once to the administration of quinine intramuscularly. On the other hand, several cases of hyperpyrexia with temperatures of 107° F. to 109° F. have come under our notice, and they