

## 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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J. M. BEAMISH,  
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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

all yielded to the ordinary external methods of treatment. It seems, therefore, that iced enemata should only be used, if at all, as a last resource, and certainly we think their administration as a routine measure is unnecessary, and not at all free from grave risk.

We are, yours, &c.,

Jhansi, India,

ALFRED J. HULL AND KEPPEL H. REED,

January 18th, 1907.

Captains, R.A.M.C.

#### ENTERIC FEVER IN AMBALA, 1880-1905.

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

SIR,—I know nothing of Ambala, except from the above mentioned article by Lieutenant-Colonel S. Glenn Allen<sup>1</sup>, and from information obtained from the study of Army Medical Department Reports. The fact that enteric fever was practically absent in Ambala in 1905, and that this improvement continued in 1906, is a very important one. There seems to me, however, one very curious omission in Lieutenant-Colonel Allen's paper, viz., the fact that in 1905 (according to the Army Medical Report for that year), in addition to the other sanitary reforms, a new water supply from deep wells was piped to the barracks and various standing camps. Almost all text-books on hygiene and medicine give water as an important, if not the most important, cause of enteric fever. Many instances could be given of the fact that with a pure water supply in place of a suspicious one the death-rate has marvellously decreased. To give one instance: in the barracks at Calcutta the death-rate was decreased thirty years ago from 100 per 1,000 to 10 per 1,000 simply by providing a pure water supply, and ever since Calcutta has been singularly free from enteric fever compared to many stations in India. Lieutenant-Colonel Allen states that water was not considered a cause of enteric fever in Ambala, but the fact that great expense must have been incurred in providing a new supply in place of the old one, from which an organism resembling *B. typhosus* had once been separated, and which was admittedly at all times liable to contamination, shows that this could not have been the opinion of all. In any case, the fact that in 1905 Ambala had a new and pure water supply was, I think, worthy of mention for the benefit of the readers of this Journal who have not the time, interest or opportunity, to study old Army Medical Reports.

I am, &c.,

York,

NORMAN FAICHNIE,

February 11th, 1907.

Major, R.A.M.C.

<sup>1</sup> JOURNAL OF THE ROYAL ARMY MEDICAL CORPS, February, 1907, p. 123.