

Medical Matters.

OLIVE OIL INJECTIONS FOR CONSTIPATION.

Dr. Einhorn considers this measure not only palliative but often curative. It is most valuable in obstinate cases, especially when due to spasmodic contraction of the bowels. Methodical oil injections are also most useful in membranous colitis, relieving the constipation and reducing the amount of mucus. Two things are essential to success: the cases must be suitable; and the injections must be properly given. This method is not applicable as a routine procedure. It will not produce cure in cases depending upon improper food, or hard drinking water, or pyloric stenosis or gastric myasthenia. Olive oil injections are applicable to cases depending upon chronic colitis; constipation associated with spasm of the bowel, such as is frequently found in neurasthenia; and to secure a daily action in atony of the intestines while the affection is being treated by electrical methods. In these last cases, the first fortnight is trying to both physician and patient; for all purgatives have been abandoned, and the treatment has not yet had time to restore sufficient tone for natural daily movements. The method of injection: from 3 to 10 oz. are introduced into the rectum at bedtime; usually there is an evacuation after breakfast the following morning. If the oil is introduced slowly, at a low pressure, by gravitation, it will not produce an immediate stool and the patient should easily retain it. Herschell condemns the Higginson syringe. When the physician or nurse cannot give the injection, the patient may use Herschell's simple apparatus—a glass funnel of a large capacity relative to its height, provided with a metal loop, by which it can be suspended at a convenient height above the patient's bed. Twenty-seven inches of rubber tube of large calibre terminate in a self-retaining, aluminum nozzle of special construction. This nozzle has a large bore to allow the ready passage of the oil (which invariably clogs the ordinary enema apparatus), and has the end of the bore well rounded so that even when unskilfully used it cannot damage the rectal mucous membranes. The outflow of oil is controlled by a spring clip, which, when opened, will remain so until a catch has been released. The patient heats the measured quantity of oil by standing the beaker containing it in a basin of hot water; it is emptied

into the funnel, the clip being closed, hung on a nail; the patient lies directly under it, a pillow beneath his hips, introduces the nozzle, presses the clip and waits until the funnel is empty. A pad of wool had best be applied to the perineum to absorb any oil which may not be retained; after a few times this is superfluous. Five or six ounces should be used at first, and the daily amount reduced until the smallest which will produce a movement is found; and this can be given nightly for two or three weeks.

TREATMENT OF GASTRO-ENTERITIS WITH BUTTER-MILK.

During a severe epidemic of gastro-enteritis and of cholera infantum in the north of France, butter-milk was largely employed as medication. The following conclusions have been drawn by Dr. Eloquet:—Butter-milk is generally well taken by infants, who prefer it to sweetened boiled water. Its use was followed by good results, while in parallel cases, treated by other means, no improvement was observed. While acting in these cases as a specific, butter-milk is also a food, and causes an increase in weight. It is indicated in both chronic and acute cases. It produces excellent results in rickets; it combats the intestinal fermentations which give rise to chronic auto-infection. Some practitioners have administered the butter-milk raw, but the majority who have used it prefer to give it boiled. The following is the method of preparing the butter-milk:—One tablespoonful of farina to a litre of butter-milk, which is then slowly boiled in an enamelled or porcelain vessel, at the same time that it is constantly stirred. The mixture is kept boiling for several minutes, at the end of which 75 grammes of sugar are added. It is then ready to be fed to the infant, either in the bottle or with the spoon or cup. In cases of either acute or chronic gastro-enteritis, it is given in the same doses as milk, every three hours. In the beginning it is best to give it in fractional doses of a tablespoonful every fifteen minutes. Although during the first few days the child may vomit after taking the butter-milk, the stomach soon gets used to this acid food. In children over a year old, sometimes large doses are necessary. The good effects of butter-milk are to be attributed to the large amount of lactic acid present, which counteracts intestinal fermentation. The small amount of fat contained, and the fine division of the casein, thanks to churning, render the preparation very digestible.

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