

The Treatment of Dysentery.*

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THE treatment of dysentery is often most difficult and anxious, and those who have had any experience in the matter will have come to the conclusion, I think, that, whatever treatment is adopted, we must expect the disease to prove fatal in many cases when it is of a severe type, when it has not been treated from the very beginning of the attack, when the patient is in a low state, and from other causes, or when two or more of these conditions combine in any given case.

In Durban, where I practise, we have a considerable annual experience of dysentery, and we have very early in such circumstances to ask the question, "How can we reduce to its lowest possible degree the death-rate amongst those who become the subjects of the disease in its most severe and dangerous forms?"

My experience in Natal extends over sixteen years and it has led me to the following conclusions, which may, I hope, be of some value to those at least who have to commence practice in tropical or semi-tropical countries where dysentery prevails.

It is most important to commence treatment on the first appearance of the disease. Many patients will treat themselves for four or five days, and by the time skilled advice is called in the disease is too far advanced, the patient's strength too low, and his blood too saturated with the toxins and other poisons absorbed from the bowels to make the chance of success at all likely.

The three lines of treatment likely to be of use are:—

- (1) That by ipecacuanha;
- (2) That by some form of castor-oil emulsion;
- (3) That by sulphate of magnesia or some similar saline, e.g., Glauber's salts.

My experience of ipecacuanha is disappointing. It has often been most difficult to get the patient to retain it. There are many contributors to the literature of this subject who make light of this point. They declare that if you carry out the following well-known instructions upon its administration, *viz.*, give a small dose of opium a little beforehand, ensure that no food, and especially no liquid, be taken for some hours before and for two or three hours after the dose; apply a hot mustard poultice over the epigastric region and make the patient be very quiet and try to resist any tendency to sickness by a strong effort of the will, complete success will follow the treatment. One may readily admit that if you can get the patient to retain two or three doses of about 40 grains of pure pulv. ipecac. in the

twenty-four hours, the case will rapidly improve, the pain, tenesmus, mucus, and blood will all give way to a condition of comfort and natural yellow motions, and in this respect all who have studied the matter will admit that ipecacuanha is almost marvellous and efficient drug. My experience is that out of every four or five serious cases of dysentery you will have several in which—apart from the administration of any drugs—vomiting, often of a very severe kind, is a marked and distressing symptom. If ipecacuanha be administered to five severe cases it will be found that perhaps two cases retain it and benefit by it, the other three will reject it time after time, and, if the greatest discretion and judgment be not exercised, an attempt to persevere with it may be carried too far, valuable time may be lost, the patient may be much reduced and weakened by the attempt to continue the drug, until when it is at last abandoned as hopeless the patient may be similarly summed up.

A large number of the cases of dysentery met with in practice, even when well pronounced, will, with careful diet, rest in bed, and any of the well-recognised methods of treatment by drugs, make an excellent recovery, and the importance of deciding upon the best plan of treatment really thus becomes narrowed down to those severe cases which tend to prove fatal, and has for its object the reducing of the fatal cases to a minimum. In my experience it is in the treatment of these cases that one's failures by ipecacuanha leave one with a patient whose attack is sufficiently severe to tend strongly to a fatal issue, and whose condition has been rendered worse in the unsuccessful attempt to treat by this method, during which valuable time and the patient's strength have been largely drawn upon, or even as the event may prove, overdrawn upon.

The second mode of treatment by castor oil is useful. Like all methods, it is best preceded by a mild dose of 3 or 4 grains of calomel, and the sooner treatment is commenced the better. I generally prescribe something like the following:—

R.	Ol. ricini opt.	...	...	℥ lxxx.
	Liq. sodæ	...	...	℥ ii.
	Sod. salicyl.	...	...	gr. v.
	Glycerini	...	...	℥ xlviij.
	Mucilaginis	...	...	q. s.
	Aq. menth. pip	...	...	ad. ℥ss.

Sig. ʒij. every hour, or ʒss. every two hours.

A dessertspoonful of this may be given every hour, or at first oftener, till the motions improve, and then a little less frequently each day until quite healthy motions are established.

If there is much pain and straining, ʒ or 2 minims of tinct. opii may be given with each dose, or a few grains of pulv. ipecac. co. every three or four hours till these symptoms become abated. The bowel may be freely washed out

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