

The Treatment of Dysentery by Intestinal Asepsis.

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THE following cases illustrate the successful treatment of ordinary tropical dysentery, or what should really be styled muco-enteritis, by a simple method of converting a septic alimentary canal into an aseptic one.

The routine was the same in all the cases, namely, the administration of a dose of an emulsion of castor oil, terebine and opium, morning and evening, 30 drops of solutio hydrargyr iperchloridi B.P. every 6 hours, and a copious enema of boro-glyceride in a warm water solution every 12 hours. The diet consisted of light solid food, *not* milk slops and soups, with fruit and vegetables given freely.

CASE I. No. 7 in *Hospital Case Book*.—Mrs. —, a young English woman, aged 26, married, one child 2½ years old, menstruation regular, appetite fairly good, very emaciated and anæmic in appearance. Has been ailing with small bloody mucus discharge from the bowels for the past three months, and has had from six to a dozen motions every day for the past three weeks. Before that, they were not so frequent, though three or four stools of a similar character were voided daily through this period. There had been, and was still, considerable pain and tenderness about the bowels, and a great deal of tenesmus during defæcation. The patient had lost weight very remarkably during her illness. She was admitted into the Home Hospital on the 6th December, when it was found that the stools consisted of about a couple of ounces of dark green blood-tinted mucus of a jelly-like consistency. They were of an extremely offensive putrid odour. There was painful tenesmus with each evacuation. There was distinct tenderness over both iliac fossæ. The liver was tender, but not enlarged; the spleen was normal; the kidneys and urine were healthy; the lungs were healthy; the heart's action was weak; there was slight fever, temperature 100.8 degrees; appetite poor, but there was a slight inclination for solid food and a dislike for slops. She was placed on the above treatment and on solid food, with the effect that within 48 hours, the stools had lost their fœtor, and their frequency had been diminished by half, while their character was also altered, there being a deal of grumous fœcal matter with much less blood and mucus. Within three days more, the stools became normal, the appetite was restored, all pain had subsided, the temperature was 98.6, and the patient was prac-

tically cured. She was detained in Hospital till the 19th December to allow her to pick up, but all medicine was stopped on the 14th.

CASE II. No. 8 in *Hospital Case Book*.—Mr. —, a Scotch Engineer, aged 47, married, who gave evidence of a once robust and well built frame, but who was now emaciated and cachectic looking, was admitted into the Home Hospital on the 6th December, for typical tropical dysentery, from which he had suffered at intervals of a month or so, for the past three years. The present attack began about a month ago. He was having 10 or 12 motions in the 24 hours, accompanied by great pain and straining while at stool. The motions were very offensive and consisted of glutinous mucus and blood, with occasionally a little liquid fœcal matter. He had slight fever and his temperature in the afternoon was 102 degrees. This rise of temperature was often preceded by either a sense of chilliness or sometimes a distinct ague fit. He also was subject to a good deal of nausea and often rejected his food. There was no enlargement of his liver or spleen, the lungs and heart were normal, his abdomen was distended, and the whole intestinal area was tender to the touch. He was placed on the antiseptic treatment above described. In addition, 5 grains of quinine was given at 9 o'clock in the morning and 3 o'clock in the afternoon, to combat the evident malarial infection. Within four days the motions assumed a healthy character, consisting of grumous fœcal matter, with only a slight trace of mucus without any blood tinging or fœtor. There was still occasional nausea after food and some tenderness over the bowel on palpation. There was also a rather marked voraciousness of appetite. Suspecting the lodgement of worms in the gut, he was given 5 grains of santonin with 2 grains of calomel, followed by a double dose of castor-oil emulsion. Within 12 hours he voided a regular nest of lumbrici, made up of no less than 21 small round worms, matted together in the shape of a ball. Next day he passed 5 more worms. All medicine was stopped for 48 hours, and he was then given a tonic of dilute nitromuriatic acid and chiretta. He rapidly gained flesh and was discharged on the 30th December quite well. I saw him two months later, when he visited Calcutta, and learnt that he had had no further bowel trouble and that he had gained nearly a stone in weight.

CASE III. No. 19 in *Hospital Case Book*.—Mr. —, a German, aged 30, four years in India, had an attack of dysentery a year ago, and was treated by me at his own home. He was cured in ten days. He suffered from a similar attack six months later, and was all right again after a fortnight's treatment. On both occasions the

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