

MEDICAL PREPARATIONS, ETC.

SUMMER DYSENTERY AS IT APPEARS HEREABOUTS, ITS TREATMENT, ETC.

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Case 1. Dysentery in a child aged seven years. I was one very hot day in August summoned to the bedside of little Jimmie McL., who was suddenly compelled to go to bed screaming and crying with his stomach paining him. I found his little features pinched and lips pursed together, his face very pale and eyes looking hollow and expressionless. His mother stated that the little patient had been complaining of not feeling well for the past twenty-four hours and she noticed that he slept but very little the night before, and made several trips to the closet. Believing that dysentery after all is brought about by germ activity, the thought occurred to me that if I could give some efficient but mild germicide internally and at the same time could flush out the bowels with the same antiseptic, I would have the key to the situation, accordingly I gave a teaspoonful dose of Glyco-Thymoline internally every three hours and put about one ounce of Glyco-Thymoline to the pint of water, with which I flushed the fluid through a good sized catheter high up into the bowels. An immediate improvement at once manifested itself, the pulse became perceptibly stronger, the fever reduced, the little patient became brighter in the face and the case at once changed from a very apparently serious one to one of little importance. A dose of castor oil was given on the second day and the patient made a quick recovery. On the third day all indications of the attack disappeared and the patient made a prompt return to health.

Case 2. Dysentery consecutive to an attack of typhoid fever. This case was very interesting as the prevailing complication that occurred two weeks after an attack of typhoid was attributed by the attending physician to non-healing of the typhoidal ulcerations. The principal symptom was in the nature of diarrhoea, with tormina or tenesmus and the passage of some blood. There was a recurrence of the febrile phenomena which was believed by the physician in attendance to be a recurrence of the typhoid. I satisfied myself from the nature of the attack that it was in reality dysenteric and that it was produced by an error in diet, accordingly, I recommended the use of peptonized milk internally as a food, tablespoonful doses of Glyco-Thymoline in a little water every four hours and wash out the bowels with a solution of about two ounces of Glyco-Thymoline to the pint, using in this case