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INTESTINAL ANTISEPSIS IN ENTERIC FEVER BY MEANS OF SUB- IODIDE OF BISMUTH AND SALOL.

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CASE I.—L. F., age 17, single, laundress, was admitted to the hospital October 2, 1891, suffering with diarrhœa, vertigo, disordered digestion, headache, epistaxis, disturbed sleep, depression and muscular weakness, followed by a chill. Previous to being admitted, the patient had six bowel movements during the 24 hours, with considerable pain in the abdomen. The movements were quite offensive and very dark. October 29, 1891, discharged cured.

CASE II.—O. J., age 11, Swede, male, schoolboy, admitted October 17, 1891, suffering with anorexia, headache, vertigo, disordered digestion, disturbance during sleep, and muscular weakness. The tongue had the characteristic typhoid appearance, bowels were loose and quite offensive. He also had acute attack of larvngitis. Discharged cured December 1, 1891.

CASE III.—W. T., age 36, male, married, shoemaker, admitted to the hospital October 25, 1891, complaining of dizziness, abdominal pains, muscular weakness, diarrhœa, nausea, vomiting, soreness of lower extremities, bowels quite offensive, tongue characteristic typhoid appearance. Before being admitted to the hospital, had been treated for three weeks for malaria. November 30, 1891, discharged cured.

CASE IV.—W. W., age 18, laborer, male, Ireland, single, came to the hospital, October 31, 1891, suffering with nausea, diarrhœa, anorexia, vomiting, epistaxis; muscular weakness, abdominal pains; tongue characteristic typhoid appearance, bowel movements were quite offensive and dark in character, had retention of urine for two weeks, when he had to be catheterized morning and afternoon. Before admission had been complaining of a tired feeling for two weeks. December 2, 1891, discharged cured.

CASE V.—E. G., age 21, England, driver, single, male. This case was admitted to the hospital, November 7, 1891, suffering with a chill, high fever, diarrhœa, headache, epistaxis, anorexia, pain on micturition, abdominal tenderness, bowels quite offensive; was first taken sick three weeks before admission, but had only been confined to the bed three days when he was discharged cured on November 30, 1891.

CASE VI.—C. W., age 19, single, male, N. J., laborer. When first taken sick he began to suffer with headache, diarrhœa, languid feeling, anorexia, abdominal pains; tongue showed characteristic typhoid appearance, bowel movements were quite offensive and frequent; discharged cured November 30, 1891.

Remarks.—The test of accomplishment of intestinal antiseptics is the deodorization of the stools. This method of treatment certainly seems to reduce tympanites, control diarrhœa, and prevent hæmorrhage, the latter complication being rare when the antiseptics is early secured and persistently maintained. This treatment will modify the severity if it does not limit the duration of the disease. Our rule is to begin the administration of the drugs mentioned alternately whenever diarrhœa exists, and to continue the same throughout the disease, aiming to keep the stools thoroughly disinfected. Twenty-four cases have been thus treated in the hospital, and the foregoing is the recommendation of the outcome of a study of the results thereby obtained given in five grain doses every three hours. The subiodide of bismuth to be given in a mixture containing simple syrup and elixir of cinchona and to be shaken up thoroughly before using.

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