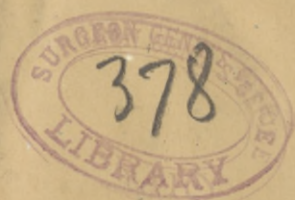
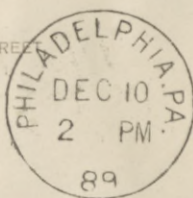


Adams (J. H.)

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in diarrhoea —



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Adams (J. Howe.)
D.C.



THE USE OF CARBOLIC ACID IN DIARRHŒA.

IN the vast collection of literature on the uses of carbolic acid in medicine, it is curious to note that its application in diarrhœa has received but little notice. In a literature running up into hundreds of articles, there are probably not over a dozen scanty notices of such a use. Judging from this fact, it would seem that it had been tried but sparingly in diarrhœa, for on all sides this drug has been thoroughly investigated, and every fact in regard to it has been published.

Its failure as a specific in the fevers discouraged its internal use; this disuse has been strengthened by the knowledge of its lack of general action, and distrust in its antiseptic power in the ordinary dose. Its antiseptic properties suggested its trial in diarrhœas, due more or less to fermentative changes in the alimentary canal; but the results in such cases have been somewhat uncertain and disappointing. Its power to check such processes in the intestines, given in the usual dose, may be doubted.

Undoubtedly its dominant action on the intestines is that of its well-known power of quieting the peripheral nerve-filaments, producing local anæsthesia. Dr. Wood, in his lectures on carbolic acid, has suggested this belief repeatedly, but has not incorporated it as yet in his "Therapeutics"; in the range of literature on the subject there seems to be no other suggestion of this idea. Probably where the drug has been satisfactory in its action, it was in those cases where an anæsthetic condition was beneficial. Hence the importance of deciding this point in the application of the drug is apparent; for if it is used as an antiseptic, it is indicated early in the course of the diarrhœa, while as an anæsthetic it would be indicated when the bowel has been completely emptied, but remains hyper-sensitive, easily irritated by any outside influence such as the entrance of food, and the diarrhœa exhibits a tendency to linger and become lienteric. Clinical experience shows that this latter theory is more successful in actual practice.

The English surgeons in the Indian Service are the only observers who report the extensive use of this drug in diarrhœas and dysenteries; and their accounts bear out the local anæsthesia theory. Cullen (*Indian Med. Gazette*, Calcutta, 1871) reports that in the service it was found especially useful in diarrhœas and dysenteries which had lasted for some time; the diarrhœas accompanied with intense griping and small mucous discharges; the dysenteries of long standing, characterized by tender abdomen, slimy passages, great straining at stool, and evacuation of very little fecal matter. In an exhaustive report on the use of carbolic acid in the London hospitals (*British Med. Journal*, 1869), Dr. Clark states that in mucous diarrhœas and mucous disease of the large bowel, the drug is a most successful agent when properly employed. He uses it in the form of an enema;

recommending a prior injection of chlorate of potassium, five grains to the ounce, to remove adherent mucus; then the solution of carbolic acid is made in the strength of one grain to six ounces, and the whole given as a forced enema, to be retained for some time. There is more or less danger of poisoning from the free absorption of the drug unless the total amount is kept small. Dr. Putnam (*Boston Med. and Surg. Journal*, 1878) reports a case of anæsthesia of the rectum, followed by symptoms of poisoning, due to the injection of two drachms of the liquefied crystals in two pints of water.

In experimentation, in various forms of diarrhœa, with this drug, it was my personal experience, in common with the above observers, that the remedy was of more use when the trouble was of long standing, and especially where it had resisted all other treatment. I give the report of three cases:—

CASE I.—Woman, aged forty, healthy, plethoric, but with a tendency to diarrhœa on slight cause since childhood. The present diarrhœa had been due to a slight indiscretion in diet; no attempt was made to check the trouble, at first, either by diet, medicine or rest. As her disorder grew worse, she began to treat herself; paregoric, laudanum, bismuth in large doses, etc., which had served to check her diarrhœa previously, were tried. All served to stop the discharges somewhat, as long as she remained in bed or on a lounge; but as soon as she attempted to stay on her feet for any length of time the diarrhœa returned with redoubled vigor. She began to feel debilitated, lost her appetite, and suffered from intense griping. As her discharges were scanty, and undoubtedly her bowels were clear from any irritating substances, liquefied crystals of carbolic acid, in three-drop doses, given with bismuth, were ordered; enough of this latter drug was used to absorb the liquid carbolic acid. This required about twenty grains of bismuth. With rest in bed and a restricted diet, and one of these powders every four hours, a change was gradually brought about. In a short time she was greatly relieved from the tormina and the discharges became normal in two days' time.

CASE II.—Woman, aged twenty, at service in the country. She had constant diarrhœa for three months before she was seen; this she attributed to the drinking water. She had grown pale, weak, and discouraged. She tried various household remedies without avail; she was able to recognize in the discharges different articles eaten. She was ordered the same prescription as for Case I.; her diet was restricted to boiled milk, and she was told to avoid the suspected water, and to perform as little work as possible. She reported herself as well in five days.

CASE III.—Colored man, who had brought on slight choleraic symptoms by working in the sun. He had been vomiting, and going to stool excessively for four days before he was seen. He felt a desire to go to the closet on the slightest motion; the movements were small, bloody, and consisted principally of mucus. A prescription was ordered containing carbolic acid; improvement was noticed in a short time. Next day the stools were reduced to six in the twenty-four hours, and in two days more the man was ready for light work.

A good way to administer the drug is to combine it in an emulsion with bismuth and peppermint water. Dr. Davis (*Transactions Ill. Med. Society*, Chicago, 1871) suggests its combination with glycerine and paregoric. The English surgeons always gave it in the infusion of gentian or chiretta.

J. HOWE ADAMS, M.D.

