

46. *Treatment of Diarrhœa.* By WM. STOKES, M. D.—Diarrhœa is the frequent passing of stools of a more or less watery consistence, and which may, and generally does occur without fever. This affection may be considered to arise under three different circumstances, but, in point of fact, every form of the disease may be referred to a single cause, as there is no essential difference in the actual nature of the circumstances by which they are produced. A patient, for instance, takes a quantity of indigestible food, this produces irritation in the gastro-intestinal mucous surface, and diarrhœa is the consequence. Another is exposed to cold, or gets wet feet, the mucous membrane of the bowels becomes more or less inflamed, and this terminates in diarrhœa. Again, a patient, labouring under hectic, has profuse perspirations, these go off and are replaced by frequent fluid discharges from the bowels,—here, also, the result is called diarrhœa. All these forms are, however, referable to the same cause,—irritation of the mucous lining of the digestive tube.

A man commits an excess at table, eats something that he cannot digest, and gets diarrhœa. If you happen to be called to such a case at an early period, your course is very plain and easy; there is every chance that the affected organ has received (as yet) no material injury, and it is attempting to relieve itself by increased secretion. The indication here is to get rid of the source of irritation as soon as possible, and this is best done by prescribing a laxative to remove the offending matter, and then following it up with an opiate. The simple rule is to relieve the intestine, and prevent the liability to inflammation. A mild laxative, followed by opiates and demulcents, keeping the patient on a low regimen for a few days, and in a warm temperature; this is sufficient for the management of the first form of diarrhœa. In point of fact, the principal thing, which the practitioner has to do, is to watch his patient, and take care not to permit the inflammatory action to become developed. It is in such cases as these that the expectant medicine is of value. What you are to direct your attention to, is the state of the intestinal surface. If a patient gets an attack of pain, if his belly becomes tender on pressure, if he is more or less feverish, you may be sure there has been some mischief done. If, on the contrary, the diarrhœa yields to the exhibition of a mild laxative and light diet; if the pulse soft and the belly not tender you have no reason to fear. But if the purging becomes more distressing, if the pain is severe, the abdominal tenderness evident, the thirst and restlessness continue unabated, it is a sign that the irritation has produced something more than mere increased secretion, and that actual disease of the mucous tissue is setting in. We have now a true inflammatory diarrhœa, which may be looked upon altogether as an enteritis of that kind, in which there is a copious secretion from the surface of the intestine. You observe this leads us at once to the principles of treatment. Here we have fever, pain, frequent morbid stools, thirst, and abdominal tenderness. Well then, what are you to do? In a case where these symptoms are so severe as to excite alarm, at once begin by applying leeches. Where there is merely evidence of intestinal irritation caused by indigestible food, give a laxative, and follow it up with an opiate; where, in addition to the ordinary symptoms, you have fever, pain and tenderness, never omit the application of leeches. Many a time have I seen cases of this kind, in which chalk mixture and astringents not only failed but even caused additional suffering, speedily and completely relieved by the application of a few leeches. In using leeches, too, we are not, like the practitioners who trust to astringents, playing at the game of double or quits; nor do we stop the purging by exchanging it for something else equally bad, or even worse, for a peritonitis or a bronchitis for instance; *by removing its cause we not only check the diarrhœa; but we obviate any tendency to a metastasis of inflammation to other tissues, and our mode of cure has at once the merit of being successful and safe.*

A patient who has had an attack of diarrhœa should have his belly swathed with flannel;—this should never be neglected. He will also experience a great deal of benefit from the use of the hip bath and occasional opiates. Give also

a combination of rhubarb and Dover's powder, and you will find that it will do him a great deal of good. This is the remedy which Rhæderer and Wægler found to be of extraordinary advantage, in the mucous fever with diarrhœa which ravaged parts of Germany in the last century. Give two or three grains of each every second or third hour; and increase or diminish each of the ingredients according to circumstances, increasing the Dover's powder where the indication is to remove pain and irritation, and increasing the rhubarb where you wish to produce a laxative effect. This combination forms a remedy of decided value in enteric inflammations: it has been much used in such cases by Dr. Cheyne, and I have repeatedly employed it in the Meath Hospital with marked advantage. You are also to bear in mind that though the principle of treatment in this disease is to remove its cause and put a stop to the purging, still you are in no case authorized to give it a sudden check by astringents in the early period. I gave the reasons for this at my last lecture, and showed that it was based upon a general law of the economy. If an organ in a state of inflammation pours out an increased quantity of secretion, *it is the mode in which nature attempts to give relief, and if you suddenly arrest this secretion, the probability is that you will excite more inflammation in that organ, or cause a metastasis in other parts.* This is particularly the case if inflammatory fever exists. You must also attend to your patient's diet. Your object here is to support him on such a diet as will require but little digestive power, and will not produce large collections of fecal matter in the bowels. Jellies, arrow-root, chicken broth, and mild farinaceous food are the only things that can be used with safety, until the intestinal irritation has subsided.

By pursuing this plan of treatment with steadiness and decision, you generally succeed in cutting short the disease. In some cases the diarrhœa will run on to the chronic stage, just like the gleet which follows gonorrhœa; and this is to be looked upon as the apyrexial period, in which antiphlogistic remedies are no longer admissible, and when you may employ stimulants and astringents with effect. The best way to manage this form of the disease, is to make your patient use warm clothing, or even temperature, and mild nutritious diet; to prescribe the vegetable and astringent tonics, the hip-bath, and the occasional use of mild laxatives, followed by an opiate. In this way, after some time, the disease generally goes off, and the patient recovers his strength. But it may happen that this gleet discharge will continue unabated; it is running the patient down, and he wants some decided remedy to check it. Now the remedies which appear to have the greatest power in stopping this discharge, are the metallic astringents, and the turpentine and balsams, combined with some of the preparations of opium. It is a curious and interesting matter to consider how these remedies act. They are a class of medicines which exercise an extraordinary influence over discharges from mucous surfaces, in a way we do not understand, but the effect is to arrest these discharges. In a case of ophthalmia, accompanied by copious secretion from the conjunctiva, or in a case of chronic gonorrhœa, we know there is nothing more beneficial than metallic astringents and balsams; and we are also aware of the great value which turpentine and balsam copaiba possess in checking the increased expectoration of a chronic bronchitis. In diarrhœa, also, they have the same power; they check inordinate secretion, and remove the morbid condition of the mucous membrane on which it depends, by some effect produced on the surface of that membrane, but in what manner this is accomplished we know not. In severe cases of this gleet discharge, one of the most certain remedies we can employ is acetate of lead. You will seldom have occasion to use this or any of the other remedies alluded to, in the case of a healthy person, because the disease will seldom pass into this second or gleet stage, but if it should, and that it is running down the patient, it behoves you to check it as soon as possible, consistent with safety. Give then the acetate of lead in free and repeated doses, and it is singular to mark what quantities of it patients under such circumstances will bear without any bad consequence ensuing. Hitherto many persons have been afraid to em-

ploy it in large quantities, from fear of producing painters' colic; but at present it is known that this disease is to be attributed to the absorption of the carbonate of lead in almost every instance, and that the acetate is comparatively harmless. On this point I can mention one interesting fact, namely, that I have been in the habit of using it constantly, and in considerable doses, for the last six years, and I cannot bring to my recollection one single instance of colic produced by it. One patient in particular, who was under my care, took it in very considerable doses for six weeks, without any apparent injury. The only cases, in which I have seen the acetate of lead act as a poison, were those in *which it had been used as an external application*. Whether it be that this remedy is more pernicious when employed after the endermic mode, or whether, when applied to the skin, it attracts carbonic acid from the air and is converted into a carbonate, I do not know, but of this I am certain, that where bad effects have followed the employment of the acetate of lead, they have been brought on by its external use. I generally use this remedy in the form of pill, prescribing two grains of the acetate of lead and a quarter of a grain of opium, three times a-day. With the same intention you may employ the turpentine and balsams, which have a powerful effect in checking mucous discharges. Dr. Pemberton, in his work on Abdominal Diseases, speaks very highly of the efficacy of balsam copaiba; and I have seen many cases where turpentine has had a great efficacy in arresting chronic diarrhœa. You will see, in the works on materia medica, some other remedies which you can employ with benefit in such cases, but I may mention one which is not generally known,—the alkali of the nux vomica. Strychnine was first used in checking mucous discharges by a German physician, and afterwards by Dr. Graves in this city. The cases, in which it proves most successful, are those in which there is a mere gleet discharge, a copious secretion from the mucous surface without any inflammatory action whatever, or if there be, where it is so low as not to produce the least feverish excitement or pain. Cases of this kind, in which strychnine has been eminently successful, have been published by Dr. Graves. Among others is that of a gentleman, who had sudden calls, so that he often had not time to reach the close-stool. He passed a quantity of thin jelly-like substance, and then experienced a transient relief until another attack came on. This case was cured by the use of strychnine, one-twelfth of a grain, three times a-day, made into pills with crumb of bread or aromatic confection.

I may mention here, that, in treating gleet diarrhœa in this way, one thing should be always borne in mind,—it is always dangerous to check any copious secretion suddenly, and the danger consists in the liability to metastasis or new inflammation. Never forget this. What generally happens is, that the patient's belly begins to swell, and you have ascites rapidly formed. Now, I have never seen a case do well in which this kind of ascites came on after the sudden checking of a diarrhœa, the patients all died. Another consequence is the rapid supervention of pulmonic inflammation, and here the disease is almost as bad as in the bowels. You will ask how this unfavourable termination may be avoided. The best mode is, while you are arresting the discharge from the bowels, to promote a determination to the surface. While you are using opiates, and stimulants, and astringents, employ general warm bathing, or the hip bath, dress the patient in flannel, and use mild diaphoretics every night. You will also do right in blistering the belly occasionally. In this way you will succeed in curing the worst cases of this chronic flux, without exposing your patient to the risk of new inflammation, or translation of disease to other organs.

One of the most common forms of diarrhœa is the purging which occurs in cases of phthisis; a physician will be called to treat this as often as any other, and it is of importance that you should have correct ideas with respect to its pathology and treatment. The ordinary opinion is, that this kind of diarrhœa is one of the results of hectic fever, and many practitioners, in treating the purging of consumptive patients, overlook the actual condition of the intestine, and only take into consideration the state of the whole constitution, of the hectic

state of which, the diarrhœa is looked upon as one of the symptoms. The consequence of this is, that they do not proceed on the same principles in the treatment of this as of other similar affections of the intestinal canal. Now I would impress upon you, that you should always consider the diarrhœa of phthisis as depending in almost every instance on enteric inflammation. There is no fact in medicine better established than this. Persons think it is the hectic which produces the purgation, but I believe the converse of this proposition is often much nearer the truth, and that the constant diarrhœa often produces and keeps up the hectic. If you examine the digestive tube of a patient who has died with symptoms of phthisical diarrhœa, you will commonly find extensive ulcerations in the colon, cæcum, and ileum. In some cases of consumption, where the purging has been very severe, the amount of disease will often be found to be quite extraordinary; I have often seen the whole of the lower part of the tube one sheet of extensive ulceration. I find I have not brought up any specimens of the effects of phthisical diarrhœa from the museum, but will exhibit them at our next meeting. The preparations before us are those which are illustrative of dysentery, but they will convey to you a good idea of the state of the great intestine in the diarrhœa of consumption, for the effects are nearly the same. Observe now, gentlemen, the importance of this fact, and recollect that in treating every case of consumption with diarrhœa you will have constantly to bear in mind this enteric complication. Recollect, also, that one of the best means of stopping it, when all other remedies have failed, is a blister applied over the abdomen. If the purging depended on hectic this would not be the case. I could bring forward several cases in which every thing had been tried without success, when a blister was applied to the belly, and from the time it rose, the patients ceased to be troubled with diarrhœa, and continued so up to the period of death. I do not mean that you should in these cases proceed to attack the enteritis with the same vigour as you would a similar disease in the healthy subject. Generally speaking, I believe this form of enteritis to be incurable, but it is of importance that you should be aware of this enteric complication in phthisis, and when you are called in to treat such a case, you should carefully avoid prescribing any thing calculated to add to the existing irritation.

Before I quit this subject, I wish to make one remark by the way of caution. It not unfrequently happens that a person, labouring under chronic diarrhœa, comes to consult a medical practitioner, and tells him that he has been suffering from this complaint for months, that he has eight or nine discharges by stool in the day, and that he has been under the care of five or six doctors in succession without any benefit. Well, you are determined to have your trial too, and you commence operations by putting him on full doses of acetate of lead. After a week or a fortnight he comes back and tells you he is not a bit the better. You then try turpentine or balsam copaiba—no use. Nitrate of silver—the same result. The man gets tired of you in turn, and perhaps goes to a surgeon to ask his advice. The surgeon examines the rectum carefully, and finds, at a short distance from the anus, an ulcer, which he immediately touches with a strong solution of the nitrate of silver. The ulcer begins to heal, and accordingly as it heals, the irritation of gut ceases, and the diarrhœa goes off. The surgeon is extolled to the skies, and the doctors disgraced for ever in the opinion of the patient. Now this is not an uncommon case. I have seen several instances of it, and I must tell you I was once mistaken in this way myself. These ulcers are situated close to the verge of the anus, they occur chiefly in persons of broken-down constitution, and those who have taken a great deal of mercury. They produce irritation in the colon, tenesmus, griping, frequent discharges by stool, and, most commonly during the straining, a little blood is passed. During the course of last summer, I treated a soldier for this affection, who had been discharged from the East India Company's service, (as was stated in his discharge;) for incurable dysentery. I examined the rectum, and finding some ulcers close to the anus, had them touched with the nitrate of

silver. Under this treatment a rapid amendment took place; and in the space of three weeks the man was discharged quite cured. Now, are you to make this examination in every case? I believe you will act rightly in doing so in every case of chronic diarrhœa in the male, but the examination is absolutely necessary in all cases under the following circumstances: first, when the diarrhœa has been of long standing; secondly, when it has resisted a great variety of treatment; thirdly, when it is combined with tenesmus and a desire of sitting on the night-chair after a stool has been passed, showing irritability of the lower part of the great intestine; and lastly, when the patient's health does not appear to be so much affected as it naturally should be, where there was long-continued disease of a large portion of the great intestine. A patient will come to consult you, who will inform you that he has had eight or ten alvine evacuations every day for the last six months, and yet he eats heartily and looks quite well. Under these circumstances, the cause of the diarrhœa will generally be found to be ulceration of limited extent low down the tube, and capable of being quickly and effectually removed by a strong solution of the nitrate of silver. I shall recapitulate all the circumstances under which an examination is indispensable; where the symptoms have been persistent, have resisted a variety of treatment, are accompanied by tenesmus, and where the injury done to the general health is not in proportion to the duration of the disease. I may mention here, that a medical friend of mine has communicated to me the particulars of another case of this form of diarrhœa in a soldier who was invalided on this account, and who experienced sudden and permanent relief from the application of nitrate of silver to some ulcerated spots which were discovered near the termination of the rectum.—*Ibid.* March 1st, 1834.

47. *Inhalations of Chlorine in Phthisis.*—M. TOULMOUNCHE, of Rheims, has employed the chlorine inhalations in eighty phthisical patients, all of whom had pectoriloquism, and all of whom died. He has seen but one patient with bronchophony cured, and this individual, who died eight months subsequently of another disease, it was found had only dilatation of the bronchi.—*Rev. Méd.* April, 1834.

48. *Tartar Emetic in Frictions as a Means of Producing Resolution.*—M. YVAN announced to the Academy of Medicine at their meeting on the 4th of February last, that he has found an ointment, composed of a drachm of tartar emetic and an ounce of lard, to produce the resolution of indolent and hardened glandular tumours which had resisted the preparations of iodine and the other usual remedies.—*Annales de la Méd. Phys.* February, 1834.

49. *Pruritus.*—DR. CARRON-DU-VILLARDS has employed with advantage lotions of the distilled water of the *Prunus lauro-cerasus* in pruritus of the genital organs of women, which has resisted many other remedies.—*Bull. Gén. de Therap.* Feb. 1834.

50. *Swelled Breasts.*—M. Ranque, of Orleans, some time since, (See Vol. V. p. 214, of this Journal,) recommended the laurel water as a means of suspending the secretion of milk; M. CARRON-DU-VILLARDS, in a memoir in the *Bulletin Général de Thérapeutique*, confirms its efficacy, and states that to produce that effect it is sufficient to apply fomentations of equal parts of distilled cherry-laurel water and of the oil of sweet almonds well mixed, to the breasts. Dr. Caffé states, (*Journal Hebdom.*, Vol. II. p. 23,) that he has also had opportunities of appreciating the employment of similar embrocations in cases of mammary swellings with secretion of milk and acute pain, resulting from too rapid weaning, and when salts and other laxatives of various kinds had not afforded any relief. In one case in which there was very acute pain, with swelling of the right breast, the last mentioned physician ordered the application of a piece of fine linen wet with the following liquid:—℞. Aq. distil. prun. laur. ceras. ʒj.; Ether.