

## Therapeutic Notes

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### LIQUID PARAFFIN IN THE TREATMENT OF INTESTINAL STASIS

R. Murray Leslie, in the American practitioner for August, 1913, refers to liquid paraffin (petroleum oil) as by far the most valuable remedy available for intestinal stasis. In the majority of early cases its judicious use, in association with diet modifications, hygienic measures, and, in some cases, supporting belts, affords permanent relief. It acts both as lubricant and protective. The former action is exerted mainly in the large intestine. Full doses may shorten the time of passage of the food from the stomach to rectum by as much as one-half. The protective action is exerted over any slight breaches of continuity in the intestinal epithelium, and tends to prevent systemic bacterial invasion as well as toxic absorption.

Most patients experience no difficulty in taking pure liquid paraffin as such. If desired, however, flavoring agents such as lemon and peppermint may be added, or the remedy given in capsules. It is best administered two or three times daily instead of in a single large dose at bedtime. The author generally begins with one or two teaspoonfuls before or after meals, then often increases the amount to one, two or even more tablespoonfuls. The full lubricant effect is not obtained for several days, and it is therefore advisable not to increase the dose until after four or five days. When the bowels have begun to act regularly, the dose may be gradual-

ly diminished, and the minimum effective amount then continued indefinitely. In children, teaspoonful doses generally suffice; in infants, half dram doses. Some children dislike the remedy, but will take it readily if milk, sugar or peppermint is added.

The use of liquid paraffin in constipation in children, particularly those suffering from digestive disturbances and colicky spasms, will prevent the onset of many an acute or chronic bacterial infection. The author uses it in preference to all other aperients for children, even castor oil, which may cause harmful irritation in certain congestive conditions of the intestinal mucous membrane. He has also had gratifying results in mucous colitis in adults. In the few instances where intestinal stasis is aggravated by the presence of definite kinks, pelvic adhesions, etc., with well marked obstructive symptoms, toxemia, and severe abdominal pain, the remedy may fail, in which event the author unhesitatingly advises surgical interference, particularly the short circuiting of the ileum into the pelvic colon, as recommended by Lane.—New York Medical Journal, Oct. 3, 1914.

#### Comparative Value of Cardiac Remedies

T. C. Janeway, in the Archives of Internal Medicine for March, 1914, calls attention to the special value of digitalis in cases of well compensated mitral

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disease in which auricular fibrillation, with marked tachycardia, sets in acutely. Dyspnea is generally inconspicuous in these cases, the symptoms being great exhaustion on exertion, dizziness, and a tendency to syncopal attacks. The tachycardia and symptoms can be controlled by digitalis within forty-eight hours, and under long continued digitalis medication such patients may maintain a very fair working ability for several years.

In chronic mitral disease with gradually developing insufficiency, general venous stasis, edema, and fibrillation, the rapidity and completeness of functional recovery under digitalis are in almost direct proportion with the heart rate. In rheumatic mitral disease with fibrillation, if the rate is normal or slow, benefit from digitalis may not appear until a week or more, or unless accessory measures as the extreme fluid and salt restriction of the Karel diet—which the author has found of the utmost value—have been instituted.

As to dose, the author has not found the large doses used by Mackenzie and Cushny to be necessary; he prefers a dose equivalent to not more than one and a half grains (0.1 gram) of the leaves every four hours. This is continued until the pulse rate falls to near 60 or becomes bigeminal; or, failing this, until absorption of edema is complete or toxic symptoms ensue. The drug is then stopped and not resumed until increasing rate or pulse deficit, or disappearance of coupled beats, is observed, usually in from five to ten days. Then one-half or three-quarters of the daily amount given before will control the symptoms.

In certain cases with normal heart rhythm, particularly those with cardiac insufficiency secondary to prolonged high blood pressure, the author has seen

digitalis followed by as speedy relief of symptoms as in fibrillating cases. No dangerous increase in blood pressure from digitalis in these cases is to be apprehended; in fact, the pressure unusually shows a striking fall under it. When digitalis alone does not effect prompt improvement, the caffeine diuretics, given intermittently in small doses—two grains (0.12 gram) of caffeine, ten (0.6) of theobromine sodium salicylate, or three (0.2) of theophylline, for three doses, repeated only after one or two days' interval—may remarkably increase the urinary output, with the absorption of edema, not only in cardiac and renal disease, but occasionally even ascites of hepatic cirrhosis.

In cases of primary myocardial insufficiency refractory to digitalis bodies alone, combined digitalis and caffeine medication, or one drug of the caffeine series alone, should be tried. In paroxysms of dyspnea, nitroglycerine or the nitrates may temporarily relieve or cut short the attack. In acute pulmonary edema in such patients, nitroglycerine, together with caffeine hypodermically, is of service.

In mitral disease with regular rhythm, improvement under drugs is slow; but digitalis, administered up to the point of producing toxic symptoms, does not seem to improve the dyspnea.

When, in emphysema, an attack of asthma leads to acute insufficiency of the right ventricle, caffeine acts surprisingly well.

In all hearts with regular rhythm the use of digitalis should be more cautious than in fibrillating hearts. Certain types of extrasystolic irregularity are improved by digitalis; others may be made worse. Frequent extrasystolis in insufficient hearts indicate caution in the use of digitalis.—New York Medical Journal, Sept. 26, 1914.

## Iodine in the Treatment of Pulmonary Tuberculosis

L. Boudreau, in the *Journal de médecine de Bordeaux* for January 4, 1914, recommends, after over ten years' experience, the continuous administration of the French tincture of iodine, one part by weight in twelve of alcohol without potassium iodide, in large doses in the treatment of tuberculosis, especial pulmonary. The doses should be moderate at first, but later gradually pushed to the extreme of tolerance, from 100 to 350 drops of the tincture being ingested daily in milk, coffee, decoctions or infusions, or diluted wine. Only in pure water is the taste of iodine unpleasant. Iodism is extremely infrequent, and the author considers tincture of iodine far less productive of untoward results than potassium of iodide. From twenty-five to seventy drops of the tincture are taken in each glassful. The larger doses are used especially in the advanced cases of tuberculosis, and, according to the author, have often brought about a surprising reversal from the lethal trend in these cases, with ultimate recovery. In the numerous incipient cases treated smaller amounts were frequently sufficient, but at times the larger amounts had to be used, and even then the condition was occasionally refractory to the treatment, a marked variation in this respect being noted in the various cases. In children six or seven years old forty to sixty drops a day, after a gradual ascent in doses, were perfectly borne.

The benefit procured by the treatment, even in apparently hopeless cases, was shown in the unexpected recovery of many. Cures were obtained in grave cases even where the ordinary rest treatment was impracticable. The effect of the iodine in tuberculous cases is ascribed by the author to its increasing the leucocytes, especially large mononuclears, and augmenting phagocytic activity. The tonic and defensive functions of the ductless glands are also increased by iodine; it is possible that it is useful as a direct germicide. Degenerated and poorly staining tubercle bacilli were observed in the sputum in treated cases. In threatening tuberculosis of the intestines, from swallowing sputum, iodine rather promptly inhibits the morbid process. The author strongly advises that the treatment be used in cases of tuberculous meningitis, renal tuberculosis, and tuberculous lymphadenitis.—*New York Medical Journal*, Nov. 14, 1914.

### Treatment of Trifacial Neuralgia

Martineau, in *Nouveaux remèdes* for September 24, 1913, is credited with the following combination for the relief of this condition:

Morphinae hydrochloridi ..gr. 1-6 (0.1 gram).  
 Antipyrinae  
 Potassi bromidi .....aa grlx (0.6 gram).  
 acidi citici .....3ss (2 grams).  
 Acidi tartarei .....gr. xl (2.5 grams).  
 Sodii bicarbonatis.  
 Sacchari lactis .....aa gr. lxxv (5 grams).  
 M. et ft, in chartulan No. 1.  
 Sig.: Take in half glassful of water.  
 —*New York Medical Journal*, Oct. 17, 1914.

