Codeine Phosphate for Bowel Irritability

Q.—In a case of persistent loose stools due to early diverticulitis, is the prolonged use of tab. codein. phos. 4 gr. daily in any way harmful?

A.—There is no doubt that codeine phosphate is the best single drug for bowel irritability, and, given in small doses over quite long periods, it does not appear to be harmful. Bulk-regulators, such as methylcellulose (“celvex”) or “i-so-gel,” may sometimes reduce the need for it.

Disinfection with Ultra-violet Light

Q.—Would exposure of woollen, silk, and nylon objects made by saanitorium patients to an ultra-violet lamp for one hour at a distance of three feet (0.9 m.) satisfactorily kill tubercle bacilli?

A.—It is well known that exposure to ultra-violet light will kill Mycobacterium tuberculosis. It is, however, mainly used for sterilizing the atmosphere and dealing with bacilli carried in dust and droplets. It might well be ineffective for sterilizing objects made by patients because it would be impossible to ensure that every part of each object was exposed to the light. Similarly, bacilli in folds or interstices of material might remain untouched. The same considerations apply to disinfecting a room. Exposure to formalin vapour is a much safer method of disinfecting a room, and is also simple and cheap.

Suppressing Lactation with Hexestrol

Q.—What is the recommended dosage of intramuscular hexestrol for suppression of lactation?

A.—The dose of hexestrol dipropionate for this purpose is 15 mg. intramuscularly; it might have to be repeated once or twice. Many doctors prefer to follow the injection by oral stilboestrol or ethinylestradiol for five or six days, while others find these oral preparations sufficient without a priming injection. Stilboestrol is given 5 mg. four times daily for two days, then three times daily for two days, then twice daily for two days. Ethinylestradiol is given similarly, each dose being 0.1 mg.

Inheritance of Angioneurotic Oedema

Q.—What chances of being affected would there be for the children of a man who suffers from periodic attacks of angioneurotic oedema? His grandparents were unaffected; his father died of oedema of the glottis; his mother was unaffected. He has a brother unaffected and a sister mildly affected.

A.—Angioneurotic oedema usually behaves, as in this family, as if due to a dominant mutant gene. The risks to this man’s children are, therefore, 1 in 2. Numerous dominant pedigrees are on record, one of the earliest being that reported by Osler.

References