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INAUGURAL DISSERTATION,

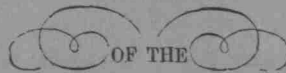
ON

Dysentery
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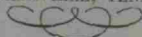


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On Dysentery.

This is a form of disease which of late years has become very prevalent, and has consequently attracted much of the publick attention, as well as that of the medical profession.

Having practised my profession for the last two seasons when the disease prevailed extensively, I propose submitting some thoughts relative to its symptoms and treatment.

The most simple form of the disease is that in which the Rectum and perhaps the Colon are involved.

The characteristic symptoms are griping pains in the abdomen, followed by frequent mucous, sometimes bloody, stools, frequently small in quantity, with tormina and tenesmus, which latter are often severe and distressing.

This form of the disease is often quite manageable and frequently yields to a dose or two of *Cl. Ricini* combined with a tea spoonful of *Carqonic*.

I have also seen it yield under the free use of Stimulating Diaphoretic teas and drinks, such as the dog-fennel, which in many sections of the country, is by the people, regarded as a Specific for flux. Others again repose great confidence in the juice of the peach tree leaf in a word this form of disease is so simple generally and I may add so self-curable, if left alone, that a small volume would not contain the long list of Specifics in use among the people. most ^{of them} to be sure, nugatory, if not pernicious.

But the next or second form of the disease is of the most grave and serious character; defying and mocking at Specifics, it will occasionally run on unchecked for days and even weeks, notwithstanding the best directed efforts of the physicians. For several days before this form of the disease assumes its distinctive features, & before the patient is rendered unable to pursue his usual

recognition, he is affected with certain morbid symptoms, which may be considered premonitory; the preliminary or initial symptoms result apparently from an altered condition of the nervous system. The poison in the blood disturbs the functions of animal life, before it causes any palpable derangement in the mechanism of the circulation. The expression of countenance is altered. he becomes pale, languid, feeble and easily tired. reluctant to make either mental or bodily exertions. he has uneasiness or wandering pains in various parts of the body. There is retention of the natural feces, or they are expelled from time to time in small, separate lumps termed, scybala, with straining and tenesmus, excretions of mucous tinged with blood: the pyrexia that accompanies this form of the disease sometimes begins before the local symptoms declare themselves; but more frequently it succeeds their development.

occasionally the fever runs high, the pulse hard and frequent, the skin hot and face flushed; but in a majority of cases it puts on a typhoid livery. In these cases we find the pulse not much above the standard of health. The pains are often severe, but subject to remissions and exacerbations. Along with the dysenteric symptoms there is frequently a dull pain in the right hypochondrium and in the right shoulder a yellowish brown color of the skin; the tongue which before, was white, assumes a dark slate color with a metallic lustre. There is frequently great tenderness in the epigastrium, and over the course of the colon. The discharges are a jelly-like mucous or mixed with films and membranous shreds and morsels which resemble flesh. In many of the dejections there is no fecal matter at all, frequently the ejected mucous is variegated in colour, green, black

or redish, like the washings of meat, and
horribly foetid. These discharges will
generally continue from 3 to 6 days, when
the patient will either get well, or pass into
the chronic state of the disease. should the
latter be the case, the discharges a different
character; they change from a bloody mucous
to a light yellow or brown color; they are small
and frequent. There is dysuria. The irri-
tation of the Rectum being reflected upon the
bladder through the lower portion of the
spinal Cord. sometimes the Stomach
symptoms and nausea and vomiting
ensue. with all of this local suffering
there is a continuance of febrile distress.
The patient passes sleepless or dreamy and
disturbed nights. In the ordinary cases
of dysentery the morbid appearances detected
after death are inflammation with thickening

of the mucous membrane of the Colon and Rectum, occasionally mortification and sloughing of this membrane, but more generally in protracted cases deep and extensive ulcerations in the course of the transverse bands of the Colon, or enlargement and ulceration of the follicles of the large intestines

There is often mortid vascularity of the meso-colon, mesentery & omentum and consequently attachments by adhesive inflammation take place between them and the neighboring viscera

As to the cause of dysentery there seems to be great diversity of opinion. It has been attributed to malaria, exposure to vicissitudes of weather and to unwholesome diet. we find the disease prevailing where we have no evidence of malaria, at least, originating in local causes. for instance in the City of Nashville

where there are but few malarial fevers, we find dysentery some seasons raging to an alarming extent. For the last few years I have practised medicine on the waters of Sycamore Creek 12 or 15 miles north of Nashville. That country for 8000 miles square is covered with a thick undergrowth. The ground is generally high and dry, the waters cool and pure, near the Creeks and lower grounds I found Intermittent and Remittent Fevers, where the land was higher, and there appeared to be no cause for sickness of any kind, I found dysentery in its most malignant form. The question arises, if malaria be the cause, why is it that we find the disease on the higher grounds where the air appears to be pure, and but few cases on the Creeks and lower places. That dysentery is a contagious malady, we have no satisfactory

evidence, for we find it making its appearance in different portions of the neighbourhood here and there an individual has it, who had no possible chance of contracting it from another. Soldiers in the field against an enemy are peculiarly obnoxious to the agencies which favour or generate the complaint marching or engaged in actual conflict during the day and bivouacking at night, often in the open air and under every variety of weather ill provided too often with clothes and bedding, their food scanty and precarious or of bad quality, seizing the many opportunities which their dreadful trade supplies, of licentiousness & intemperance. Under this depressed state of the nervous system it is not wonderful at all that dysentery should be called the scourge of armies, yet this does not prove that intemperance

and exposure are the whole cause of the disease
It only proves that they are more liable to the
malady; while, if they were placed under more
favorable circumstances, nature might throw
off the disease entirely. As to the real cause
of dysentery, authors have given us no satis-
factory information. nor shall I undertake
to say. - but I am satisfied that some unknown
poison is taken into the circulation which ar-
rests the hepatic secretions, causes congestion
of the portal circle and consequently of the
mucous membrane of the bowels, and while
this strong predisposition to disease exists, any
excitant will develop it. among the exciting
causes may be mentioned unripe or acid
fruits, vegetables of difficult digestion, im-
perfectly fermented alcoholic drinks. such
as cider, wines, malt liquors, putrid water

drastic purges, worms, feculent and other accumulations in the large intestines.

A great variety of remedies has been employed in dysentery, and very different plans have been found successful under different circumstances. Bleeding has been recommended; but I do not think it necessary in all cases, to bleed, neither do I think a majority of cases could stand venesection, in violent inflammatory cases, threatening immediate danger, if not relieved, and especially persons of vigorous constitutions or plethoric habits of body, it may be necessary to bleed largely at once, but in the little experience I have had in treating the disease, I have generally had to sustain the strength of my patients. One of the most prominent indications in dysentery is to free the bowels from ir-

retaining secretions and accumulations.
A second indication is to diminish Conges-
tion in the portal Circulation. - for this purpose
I would give 3 or 4^{gr} Calomel combined with
3^{gr} Pulv. Ieroni - every 3 or 4 hours until 3 powder
was given in 4 hours after the last powder
was taken I would carry it off with a small
dose of Castor Oil - this is one of the most
useful Cathartics having the advantage
of mildness in its action on the mucous
membrane while at the same time it excites
the Liver to action, as soon as the above dose
has operated sufficiently, I give one grain
of Opium every 4 hours until the second or
3^d day, then repeat the Cal and Pulv. Ieroni
In addition to the above prescription, I would
administer an injection of mucilage - that
of The Slippery Elm I have found to be the best

say 4℥s of the mucilage with 30 grs. Sand-
arum added, 3 or 4 times a day. This
tends to soothe the Bowels and to remove
any irritating influence that the fecal
matter might have in passing through
the bowels. I have also found warm fomen-
tations or poultices applied to the abdomen
very beneficial. ~~that~~ I believe that Opi-
um has generally been considered an as-
tringent, but in this case it acts differently
besides relieving the sufferings of the
patient and procuring sleep which is ne-
cessarily much interrupted in this disease,
it does good in diminishing the morbid
sensitivity of the Bowels, to the irritating
matters which they contain, by relieving
the spasmodic constriction, and thereby facili-
tating the action of the Cathartics

Should the patient fail to get well, and
pass into the chronic stage of the disease
I would continue the Opium, but withhold
the Calomel, and substitute in its place
Nitrate of Silver, I would give $\frac{4}{8}$ every
4 or 5 hours, until I had the desired effect
An injection of the Nit. Arg. I have also found
beneficially administered once a day. In
this stage of the disease there is always
more or less Dysuria: to obviate this dif-
ficulty, I give an emulsion composed
of the Spts. of Turpentine, O. of Sassafras and
gum arabic, prepared in such a manner
as to give 14 drops Turpentine and one qtt. Sassafras
at each dose, give it, say 3 times a day, I have
found leeching beneficial applied in the
course of the Colic, and on those parts which
I found tender on pressure