

AN
INAUGURAL DISSERTATION
ON

Dysentery

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Dysentery.

History. Dysentery has been known to physicians from the earliest history of medicine to the present. The disease is incident to all climates. And its existence, the farther we go south, is marked with proportional severity. Hence the three forms of the affection may be made to represent their favorite localities - thus in the north dysentery generally assumes the sporadic form, in the temperate climates, the endemic, and in the south, the epidemic. It is most prevalent in low marshy districts, and is observed to appear in a more violent form when it follows scarlatina, subeola or variola.

Dysentery may be divided into two stages, the first and second. The symptoms of the first stage, are general uneasiness chilliness

followed, by fever, pain in the head, suffusion about the eyes, white fur upon the tongue, loss of appetite, wandering pains in the abdomen, pain in the back, diarrhoea which is soon followed by frequent and small mucous-sanguinolent discharges from the bowels, together with finely divided portions of the mucous membrane. Great desire to go to stool, with the most distressing griping.

The pulse is frequent, full and forcible. Skin dry, thirst acute, urine scanty and high-colored. Febrile exacerbation every day.

In the second stage, the patient is very restless, weak and exhausted, often manifesting the greatest apprehensions of his condition. Countenance pale, features sunken with generally a slight

flush upon the cheeks. Eyes languid, pain in the head, tongue in the center dry and brown, around the edges smooth and red. Sickness of stomach with entire loss of appetite.

Thirst very acute, urine scanty and very high colored.

Abdomen enlarged and very painful, particularly in the hypogastric region. Copious and very offensive discharges from the bowels, consisting of vitiated excretions with an admixture of dark colored sanies. Increasing desire to evacuate the bowels which is attended with tormina and tenesmus.

The pulse is frequent, quick and feeble. Unsteadiness of the nervous system, the patient frequently picking at the bed clothes or imaginary spots in the air, and is disposed to

Slip down in the bed. Extremities
Cold - Cold sweats. The emaciation
continues. The patient falls into
a state of coma and death soon
follows.

Pathology. The alimentary
Canal is the seat of the disease under
consideration. In the first stage the
mucous membrane of the rectum
and frequently of the lower part of
the colon is in a state of irritation,
congestion and inflammation.

The parts are redened and thickened.
The inflammation may be diffused
affecting only portions of the membrane,
and sometimes the solitary glands and
mucous follicles constitute the seat of
the disease.

In this stage the inflammation sel-
dom extends higher than the colon,

and the inflamed surfaces are frequently covered with a sanguineous secretion which gives them very much the appearance of ulceration.

The contents of the upper bowels are but little changed. The rectum and Colon contains only the products of inflammation. The neck of the bladder is often irritated, but the other organs of the system present no traces of disease.

In the second stage the mucous membrane of the lower bowels is in a state of ulceration and disorganization.

The coatings of the bowels become thickened to such an extent that the diameter of the Canal is very much diminished. Large portions of the mucous membrane are sometimes discharged, and perforation of the adjacent coat is by no means infrequent.

In rare cases the inflammation extends to the small bowels - and is reported to have gone as far up as the stomach.

The mesenteric glands are enlarged and softened. The liver is enlarged and often presents traces of disorganization.

The neck of the bladder is sometimes slightly inflamed causing difficulty in urinating. The other organs are partially congested and enlarged.

Predisposing Causes. Of these heat stands justly at the head of the list.

Its continued influence adds to the excitability of the mucous membrane of the alimentary canal, perverts the function of the liver and relaxes the surface of the body causing a greater susceptibility to the effects of cold. In this way soldiers are attacked in large numbers, who after marching through the heat of the

day, encamp at night on the damp ground which checks the perspiration, and directs the excitement inward - thus setting up irritation, Congestion inflammation, &c, in the mucous membrane of the bowels. Hence we have dysentery at any season of the year - variations in the temperature of the atmosphere alone regulates the severity of its prevalence.

Marsh-malaria adds much to the production of dysentery. The poison interrupts the principle functions of the System, leads to debility, relaxation, profuse perspiration, &c. Indigestible articles of food of all kinds, drastic purgatives, insufficiency of clothing, Confined and impure atmosphere, irregularities in life, &c.

Scarlatina, rubella and variola seem to exert great influence in causing a

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predisposition to dysentery. This must be in consequence of the irritable condition in which these diseases leave the bowels.

We have noted that patients who are the subjects of any one of the above diseases during the winter or spring months seldom escape dysentery during the succeeding summer or fall when this disease prevails to any extent.

Exciting causes. Of these we can mention but one, that is cold. The power of this agent in producing the disease under consideration is manifested by its greatest prevalence during the latter part of summer and early part of fall when the days are warm, and are succeeded by cold nights with heavy dews.

It has also occurred to physicians that during the heat of summer and fall, a few clear, dry days add much in putting a

Stop to the progress of this disease, and that tendency to health is again and again interrupted by the recurrence of damp rainy weather.

Dignosis. The only diseases with which dysentery is confounded, are Cholera, hemorrhoids and diarrhoea.

The duration of Cholera is the most important distinction between them. While Cholera usually terminate in twenty four hours, the mean duration of dysentery is about two weeks. Vomiting is a marked symptom of the former, but seldom attends the latter. In Cholera the discharges are large, bilious, and are passed with violence, in dysentery small, mucous-sanguinolent, and attended with tenesmus. In the former there are spasms of the extremities, which are absent in the latter. In hemorrhoids the feculent discharges

are solid and passed without tenesmus,
freedom from abdominal pains, blood
unmixed with mucus, tumors about the
margin of the anus, and the reverse is the
Case in dysentery. In diarrhoea the dis-
charges generally continue to be large, and
are free from mucous-sanguinolent matter,
no pain about the rectum or colon and
but little fever - while it is the reverse in
dysentery.

Prognosis. In the sporadic and endem-
ic forms of dysentery promises of a favora-
ble termination may be made, particularly
in the first stage of the disease. When
dysentery is about to terminate favorably,
the abdominal pains become less frequent
and severe, stools assume a fecal or bil-
ious character, pulse more firm and
regular, restlessness subsides &c.

But if the Case is in the second stage

and instead of the tormina and tenismus
we find tympanites, diarrhoea, Coldness of
the extremities, Clammy State of the Skin,
frequent, feeble pulse, Subsultus tendinum,
involuntary Stools, the physician must
be cautious in his prognosis. And when
the disease prevails in the epidemic form
in Miasmatic districts it is often very fatal.

Death may take place in this disease
from excessive irritation, from debility,
gangrene, &c.

Treatment. 1st If the disease is in
the first stage, and the patient will
bear it, bleed him while in the sitting
posture, to apparent Syncope. Dysentery
presents evidence of the highest grade
of inflammation, yet from our knowl-
edge of the present practice in this dis-
ease we fear that the lancet is too much
neglected. Bleed freely and for effect

I D Thrice the bowels with brisk laxa-
tion of any undue quantity of fecal
matter. Unless contraindicated, we use
for this purpose the Sulfate of mag-
nesia, 3D Opium is the remedy, giv-
en in this disease in large doses, it re-
lieves pain, checks the discharges, causes
quietude of the bowels, operates as an al-
terative and as a diaphoretic, allays rest-
lessness, &c. And in the second stage of
the disease when there is a tendency to
frustration it is the Supporting agent.

It is well known to physicians that
Opium stands high as an antiphlogistic
remedy, and its curative powers in dys-
entery are not to be equaled by any other
article. It may be used alone or in
Combination with other medicines. We
commonly use it in one of the three fol-
lowing forms,

R₄. Hyd Cum Creta gr 12.
Ipecac et Opii gr 12. M-f.
Ch. no. 12. A paper to be given every one
two or three hours.

Or this form:

R₄. Hyd Cum Creta gr 12.
Opii pulv gr 12. M-f.
Ch. no 12. A paper to be given every one
two or three hours.

Or this:

R₄. Hyd Cum Creta gr 12.
Morphia Sulphas gr. 12. M-f. Ch.
no. 12. A paper to be given every one two
or three hours.

At the Same Time we use a solution
of the Citrate of potassa for its sedative,
diaphoretic, and diuretic qualities.

R₄. Potassa Citras gr 20.
Aqua. f. ʒ. 1. - M. A tea-
Spoonful to be given every one or two hours.

As an enema we have great confidence in the following

R_x. Tabl^e Salt, ℥ ℥.

Aqua, ℥ ℥. M. To be injected after each discharge from the bowels.

In certain cases when there is being discharged a good deal of blood, unmix^d with other matter, we have seen ^{one} or two injections of a strong solution of acetate of lead have a desirable effect. - We use it in this form:

R_x. Plumbi acetat, gr, 20,

Aqua, ℥ - ℥, q. M. To be thrown into the bowels at one time.

In cases disposed to assume the chronic form the Sulphate of Copper is a fine remedy. To all of these Opium must be added in some form unless contraindicated. Emolient applications should be continued to the bowels, while there is pain or soreness. The diet must be light,

We would say in addition to the above,
that when dysentery is engrafted upon
a malarial diathesis, that we would
depend much on quinine in the
treatment, especially when it is of a
remittent or intermittent character.

Thus we have concluded what we
have to say in regard to dysentery, hoping
that it will meet the approbation of
The Faculty.