AN
INAUGURAL DISSERTATION
ON
Dysentery
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An essay on dysentery respectfully inscribed to W. H. Bowling M.D. as an humble mark of the respect and admiration in which he is held by the writer.
Dysentery may be divided for consideration into three different parts. First, its causes. Secondly, its modus operandi, and lastly, the remedial agents that may be brought to bear in effecting its cure.

Like every other disease to which the human system is heir, Dysentery depends on a variety of causes. The different influences which may be considered, either directly or indirectly, to bring about this disease are so intimately connected that it is sometimes hard to tell what the real cause is; hence, in order to arrive at a better understanding of this part of the subject it may be subdivided into predisposing and exciting causes. A predisposing cause may be defined
That which subjects the system to a certain diathesis or condition in which it is peculiarly adapted to disease. It is well known that, in the performance of the different functions there is considerable diversity; while they may yet be in a state of health and that in this diversity there may exist a morbid tendency which within itself does not constitute disease. In other words the vital powers seem to be in a state of lethargy. When the recuperative principle is thus made abnormal, the exciting cause is only required in order to set up a diseased condition. We observed then that any cause to which a disease can be directly traced may be considered
an exciting cause. It is an acknowledged fact that heat exercises a great influence over the functions of the human system. The whole secretory apparatus is very susceptible to its power, and in regard to its immediate connection with dysentery, I shall remark in the first place that it increases the susceptibility of the alimentary mucous membrane, thereby rendering it more liable to inflammation. It relaxes the surface of the body and alters the hepatic function. In this condition the system may be said to be predisposed to dysentery. Under these circumstances cold very often provokes an exciting cause. When persons are very warm, they are apt to rush...
into the coldest air they can find, an enormous amount of cold water, or while in a profuse perspiration, to take a cold bath. This dries in. The perspiration checks the biliary secretion, and the result is congestion of the portal circulation and of the mucous membrane of the bowel. Any substance directly irritant in its character may prove an exciting cause. An accumulation of hardened feces very often results in dysentery from the fact that under the influence of heat the excitability of the mucous membrane is increased. The excitability of being increased, the irritability must be increased.
also, hence it is more susceptible to the influence of this bane of accumulation. Miasmatic effluvia has been thought to be productive of Aganty from the fact that it has often been observed to both precede and follow intermittent and remittent fever. Simpten Aganty is only inflammation of the mucous membrane of the large intestine. It is, however, the experience of most practitioners that it is generally complicated with some other disease. It is my intention to treat the disease in its simplest form. The symptoms are very striking when the disease is fully developed. It sometimes presents its most violent symptoms at the commencement.
It sometimes begins with a chill which is followed by diarrhea. The diarrhea consists either, of simple watery discharges mixed with mucous at the commencement or it may be and often is mingled with blood. It is this symptom which gives it the very common name of bloody flux. In connection with the diarrhea there is always a griping sensation in the bowels. This sensation is irregular in its position and is generally somewhat relieved when the patient goes to stool. These symptoms will increase as long as the disease continues. The number of discharges increases. The tenesmus is greater and is followed by a feeling of dearness.
in the region of the rectum, giving the patient frequent desires to go to stool without any discharge. There are generally fifteen or twenty discharges per day. Though they have been known to amount to as many as fifty or seventy-five. Fever is always present except in cases of the most simple form. The skin is found to be hot and dry, while the pulse is full and rapid. In very violent cases where the nervous system has received a considerable shock, the skin may be expected to be cold and moist, and the pulse slow, threadlike, and irregular. The bilious secretion will be found to be diminished to a
greater or less extent as the liver is complicated.
When the liver is involved the fever is higher, and there is a
greater tendency to delirium. Sometimes the disease presents
itself in a slow typhoid form. The whole system seems depressed
while the general dysentery phenomena are much aggravated.
Dysentery as intimated above is often found in miasmatic
localities, sometimes the inflammatory condition of the mucous membrane
may result from the regular miasmatic fever. When this is
the case it will be found or cannot be considered pure
dysentery but simply a consequence
of the fever. But when it presents itself with a chill which is immediately followed by all the phenomena of dysentery it cannot be disputed that it is pure dysentery dependent upon or caused by malnutrition.

Under these circumstances these circumstances the fever will be found periodical in its nature, and the local symptoms will also be found to intermit to some extent.

It will be seen that the leading phenomena of this may be summed up in a short manner. They are diarrhoea, gapping pains in the abdomen, a feeling of oppression in the epigastric region.
and sometimes delirium and vomiting of different degrees from the most simple to the most dangerous disease.
The symptoms will depend on the violence of the attack, the cause producing it, and the peculiar constitution of the patient.
The complications and so various in this disease, and the remedial agents so numerous that in giving its treatment I hardly know where to commence.
Being inflammatory in its character it is evident that the regular antiphlogistic treatment is indicated.
Any simulating subsalicylate or securin...
in the bowel would have a tendency to keep up the inflammation already set up. It is necessary then that the alimentary canal should be thoroughly cleansed in the outset. Cathartics are best calculated to do this, for while they remove any irritating substance within the bowel such as vegetable, acid, secretions &c., they will unload the capillaries of the liver and at once remove the congestion existing in the portal circulation. It should be remembered in making a selection that any negative would prove irritating to the mucous membrane within itself. A mild and active cathartic should be chosen in order to obviate this difficulty.
Calomel is one of the mildest cathartics we have and has been recommended very highly in this disease. While it aids in the peristalsis, it arouses the biliary secretion which is generally found diminished. Calomel is not active enough by itself and should be associated with some other article. Rheubarb may satisfy this, but it is not satisfactorily given in connection with it. When the bowels have been cleansed, it is not expedient to continue the purgative, yet if the congestion and torpitude condition of the liver has not been entirely removed, the Calomel may be
continued in small doses until this object has been affected.

The use and extent of purgation must be governed by the cause of the disease and the condition the patient is in when first seen. When the skin is hot and dry diaphoresis are found very useful though on account of the necessary exposure of the patient, should not be carried too far. A warm bath is very good when it can be taken without much exposure.

Vapor cautery is recommended when there is no tendency to vomiting. The stomach is generally very irritable hence this remedy is seldom used.

A combination ofSpecchuanu and
Opium or ipecac powder would be preferable to either. When the bowels have been evacuated and the symptoms arrested it is evident that the inflamed condition of the bowels would require a soothing remedy. Opium has always given satisfaction in meeting this demand.

From the nature of the disease the system must be very much exhausted and therefore will need rest, in order that nature may have time to recuperate and set up a healthy action. It produces sleep to the patient, relieves the spasmodic action of the bowels, thereby aiding the natural peristaltic movement. When the discharge still continues some astringent should be given.
Acetate of lead is very good when there is much blood. It has both an astringent and antiphlogistic effect. In case there is great tenderness recours may be had to cupping. Bleeding is sometimes very necessary in the commencement, especially when the subject is of full phlegmatic habit and the pulse is full and strong.

In dysentery, sulphate bimuri must be administered in order to allay the symptoms of malarial poison. I have thus hastily and briefly run over the symptoms and treatment of dysentery in its uncomplicated form. I shall now notice the treatment in its chronic form. General bloodletting and gargling are not advisable in this form.
Wild cathartics should be employed regularly in order to keep any irritating accumulation from remaining within the rectum. Castor oil is the best mild cathartic that can be employed.

Calomel given until it produces slight salivation. Cephaia & Verjuice are recommended by Wood. The Verjuice is given with great success when the tongue is dry and smooth.

The diet should be of some mucilaginous drinks until the symptoms abate to a great extent.

In what is termed Colicous Dysentery, the mercurial treatment should be carried to a greater extent than has yet been recommended. The Calomel should be given in doses of five or seven grains three times.
per day. Dysentery has received quite a number of names according as it is complicated with other diseases, or as it involves different organs. It is needless for me to say that the practitioner must treat the dysenteric symptoms as above enumerated, while he must at the same time combat any symptom which may arise from other organs being involved,