

AN
INAUGURAL DISSERTATION
ON

Syphilis

SUBMITTED TO THE
President, Board of Trustees, and Medical Faculty
OF THE

UNIVERSITY OF NASHVILLE,

FOR THE DEGREE OF
DOCTOR OF MEDICINE.

BY

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OF

Alabama

1859

MEDICAL JOURNAL OFFICE,
NASHVILLE.

Dysentery.

On the following remarks on the important disease selected for discussion, I shall present as it occurred under my own observation, in both a sporadic & epidemic form.

In order to do the subject justice, I will speak of it under the several heads into which it is naturally divided; which characterise dissertations of a similar kind.

Dysentery is derived from two Greek words, (*δυσ* difficile, et *εντερον* intestinum) & is synonymous with flux, bloody flux, Colitis, Col-rectitis.

Symptoms are severe griping pains in the bowels; in the lumbar region of the right or left side, or both, in the region of the transverse colon, or confined to the rectum. Great tormina of the bowels, of a lancinating character, tenismus, almost constant

Straining, so great as to produce "prolapsus ani," in some instances of children.

Discharges exceedingly small as a general rule, consisting of mucus & blood, pure blood, or mucus alone. In the incipency of an attack there is most generally only mucus.

After such evacuations the patient is comparatively relieved, & rests comfortably for a longer, or shorter period, owing to the malignancy of the attack.

Sometimes the number of the discharges are very great; I have known as many as forty or fifty in a single day.

The disease occurs often without premonitory symptoms, & is frequently attended with little or no fever. At other times it is ushered in with a chill, & the vascular excitement runs high, & may continue till the local symptoms are in a great measure overcome. In a large majority of cases come-

=ing under my own observation & treatment, the
pulse, ^{number} from 80 to 108 pr. minute, there being
an exacerbation in the evening. I have known
the pulse to number from 130 to 140 beats
pr. minute. Of the last named, there were only
few cases in a frightful epidemic in which
a part of almost half the families in an ex-
-tensive, thickly settled neighborhood were pros-
-trate with the disease under consideration.

My experience in observation is, that the
disease invariably terminated more quickly, fa-
-vorably or fatally, in proportion as the febrile
excitement ran high; not lasting longer
than five or six days in the worst forms.

The average duration of the mildest ca-
-ses is from two to four days.

In those most obstinate from ten to
fifteen days. In all the severe cases there
is more or less tenderness of the abdomen, in
the milder, this symptom does not obtain.

It is often complicated with Malarial & Typhoid fevers, when with the latter, it is denominated Typhoid Dysentery.

Whenever associated with our common fevers, the stomach & liver are involved, & we often have nausea, retching, & vomiting, with tenderness in the right hypochondriac and epigastric regions. The liver is oftener affected than the stomach, or you have less to deal with gastric derangement, than to correct the hepatic secretion.

When the above viscera are implicated the ^{tongue} is coated with a whitish frothy looking fur, which assumes a dingy brownish hue in a short time, & as the disease advances, may become quite dark, presenting from 1 to 3 transverse or diagonal fissures.

Again I have found the tongue to remain remarkably clean, when the disease existed in a local form, throughout the course of the af-

-fection, when it continued for several days.

Tympanitis is one of the most distressing, & probably the most difficult symptom to overcome. It interferes with ~~the~~ respiration, & produces much anxiety & restlessness.

It generally does not occur until an advanced period of the disease.

Difficult Micturition is often a concomitant symptom; I noticed, ^{it} in at least 3/10^{ths} of the cases I treated, during the prevalence of an epidemic in the Southern portion of Calhoun County, Ala., in the year 1853.

Diagnosis of the disease not at all difficult. It is most likely to be confounded by the non-professional with diarrhoea, but with the physician there is no difficulty in the distinction of the two.

In dysentery the upper bowels do not act, discharges are very small, & mixed with blood & mucus, mucus, or blood alone; terrible bearing

down sensation, & always confined to the low-
er bowels; while in diarrhoea the stools are
always larger, & more or less liquid, & very
frequently attended with little or no pain.

And after a full & free discharge the
patient is entirely relieved for some time.

Prognosis is always favorable when the
stools become less frequent, larger, more
feculent, pains less severe & of shorter du-
ration, skin slightly moist & of a natural
feel, pulse soft, full, regular, & less fre-
quent, tongue begins to unload itself &
assume a more natural aspect.

But if on the other hand, the skin
be harsh & dry, the muscles waste away
very rapidly, look shrunken & pale, cheeks
flushed, anxious expression of countenance
even while sleeping, brows arched, forehead
wrinkled, eyes sunken, tongue heavily load-
ed with dark fur & dry, delirium occur-

-sional or persistent, very foetid discharges of an involuntary character, weak irritable pulse, want of power to close the eyelids, a peaked condition of the nose, or even an obstinate continuation of the disease over ten days are all omens of the worst consequences, & tell us most surely of approaching dissolution.

Causes of dysentery are very various: it has occurred oftener under my own observation in the latter days of August, & throughout the months of September and October, when the days were very hot & the nights unpleasantly cool. It may exist however at any season of the year in a sporadic form.

The relaxation produced during the day, followed by the sudden determination of the fluids inward at night, is probably the most fruitful source of the disease and

it is most likely under such circumstances to prevail epidemically.

It has been attributed to various minerals in water, some have thought the disease dependant on mica received in this way.

Stomach purging, acid fruits green or ripe, all manner of indigestible food, acids, checked perspiration from any cause whatever, & worms, have all doubtless produced it.

Anatomical lesions shown by post-mortem examinations point always to the colon & rectum as the principle seat of the disorder. The Mucous lining is much thickened & reddened. Salivary glands are often very prominent. Ulceration sometimes extensive. In a post-mortem examination by a friend of mine the rectum was in a gangrenous condition. In this instance death was sudden. Gangrenous clots

are not often a result. Mesenteric glands are softened & enlarged. Perforation though rare, is a consequent. The liver and in fine all the chylous-portal viscera are found to be affected to a greater or less extent in some cases.

The treatment of dysentery embraces as wide a range of therapeutical agents as any one we have to deal with. Like simple & malignant scarlatina, it will sometimes yield to the simplest measures when it exists in a mild simple form. A single dose of Castor oil & turpentine, a gill of Molasses, or a dose of some of the preparations of Opium will not unfrequently cut short an attack in its incipency.

When confined to the rectum, I have had recourse to topical applications alone, arresting its progress at once.

But when it presents itself in a

more malignant form, there is scarcely a disease known to the physician or profession, requiring a greater variety of treatment, and I am sure there is no one that so completely trumps the practitioner & baffles his best skill & judgement.

Almost every farmer & Matron in the country have their specifics, & try them frequently too long before professional aid is sought, hence the difficulties of the physician are often increased; & even after his services are secured, every visitor has some suggestion, having seen most wonderful cures from the use of some favorite remedy. And when the Doctor finds all his own means to fail most signally, he is almost tempted to yield to some of the quackery proposed by some non-professional friend. I knew a very intelligent physician on one occasion

to give brandy & flour mixed, in the disease of a highly inflammatory form, at the instance of some old woman, after he had lost a few cases, (becoming discouraged). With the use of the above named remedy he became infinitely more unfortunate in his practice.

When the attendant complication of fever is of Malarial origin, Colomet, Opium & Quinine are doubtless the remedies of most value. In Sporadic Dysentery I used scarcely anything than Calomet & opium with the happiest effects & perfect success.

When coupled with Typhoid fever every thing of an irritating character should be abandoned. The mildest laxatives with demulcent drinks, & the blandest diet are the remedies & dietetics most urgently called for, in the last named complication.

After the bowels have been repeatedly

continued for three or four days; The oils of Turpentine & Copaiba have had a most salutary effect in my hands. I have given them generally combined with paregoric or Laudanum ~~with~~ ^{and} gum water.

Hot fomentations, dry & red cups are most important adjuncts & should never be overlooked or neglected.

I have found the nitrate of Silver in many obstinate cases an invaluable remedy. Croscate in one or two drops or Ses conjoined with Laudanum & Camphor will sometimes relieve after almost every thing else has failed.

In inflammatory dysentery Saline purges are of the first importance.

Rochelle Salts stands with me at the head of the list, given in the form of the Seidlitz powder is decidedly the most pleasant ~~form~~ ^{way} of administration.

I did not know the value of the last mentioned class of purges till about the setting in of the epidemic before referred to. On the 19th Aug. 1853 I was called to see a lady with all the symptoms of flux, & after trying ineffectually Calomel & other preparations of Mercury, in large & small doses & variously combined with opiates & astringents; cups, fomentations & finally blisters, she was almost instantly relieved by a siccilic powder. In her case I was not even under the necessity of following its use with an anodyne.

I gained more important information from this single case than any one I ever treated for any given disease.

Although the profession hoot at the idea of specifics, I feel assured I can do more in dysentery in almost any shape with saline purges & opiates, than with

all the other remedies of The Materia Medica. Emetics, absorbents, antacids, cold applications, stimulants & tonics bear each an important part in its treatment under some peculiar circumstances, & I have used all with good effect when they have been indicated by the symptoms. Vermifuges should enter as elements into ~~the~~ prescriptions when there is good cause to believe that worms is the source of the disturbance.

The diet under all circumstances should be plain, mild & simple.