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AN

INAUGURAL DISSERTATION

ON

Acute Dysentery

SUBMITTED TO THE

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BY

J. E. Morris

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Acute Dysentery

I propose treating particularly of the acute form of the above-mentioned disease. Acute dysentery is a morbid flux from the alimentary canal, and post-mortem examinations have shown conclusively that it consists essentially of inflammation of the larger intestines, particularly of the sigmoid flexure of the Colon, and rectum.

It has become so disastrous in its consequences in the South, that it has received the appellation of bloody flux, by the people of that region. The symptoms are so characteristic of the disease that the diagnosis is very easy,

and in fact a great number of patients diagnose their case (correctly too) before medical aid is called for.

This affection frequently pre-vails epidemically in the south, and when it thus prevails is looked upon as one of the most fatal dis-eases of that latitude.

During the summer of Eighteen Hundred and Fifty Six, this affec-tion prevailed epidemically in detached portions of the state of Mississippi, and many fell victims to its ravages; while the best medical aid was at hand.

Therefore; we, who expect to be forced to combat with it, in those ravages, should spare no pains in procuring that knowledge of its cause

and pathology which will enable us to meet it with armor on, and well equiped for the conflict.

Symptoms. The patient is frequently attacked without the least premonitory symptoms, but which when present, are constipation, transient pains in the abdomen, a dull heavy sensation, with deficient cutaneous action. The disease is sometimes developed as ordinary intermittent or remittent fever, with rigors and pyrexia, but the following symptoms must be regarded as the most characteristic of the attack. Considerable arterial excitement, the urine small in quantity and highly colored, dry surface, unpleasant taste, tongue coated, with red margins, from which we augur

to some degree the presence of fever, although the temperature of the surface is seldom much above a normal standard — but at the same time the patient experiences almost intolerable thirst, to which large draughts of cold water give only a temporary relief. The patient is continually harrassed by griping pains in the bowels, and tenesmus followed by mucous or muco-sanguinolent stools. Authors speak also, of the retention of the natural feces as a prominent and persistent symptom of this disease. But my little observation of the cause of this disease has convinced me (and I have the concurrence of neighboring practitioners) that the capriciousness of this symptom materially

weakens its force as a diagnostic sign. Constipation is nearly always noticed as a premonitory symptom, but at the debut proper of the disease there are almost invariably a few semi-fluid fecal evacuations, by which the affected parts are relieved of their feculent contents, and which is evidently the result of an increased peristaltic action of the bowels, excited to action by the existing inflamation. And subsequently to this, although the natural feces seem to be locked up, as it were, in the higher portion of the alimentary tube, and the discharges of mucus or muco-sanguinolent matter follow, for in cases of great severity, the patient after having

those very morbid evacuations for several days, may have a good semi-fluid fecal or bilious discharge, which might lead an unwary practitioner to believe that his patient was rapidly recovering; when perhaps in reality was growing worse, and he (the practitioner) is shocked on his next visit to witness the return of the morbid discharges, which may be as unhealthy, or more so, than those previously evacuated, and these symptoms may alternate throughout the whole course of the disease.

Diagnosis. The primary symptoms of this disease are generally so very prominent, that we consider it unnecessary to give a detail of the diagnostic

signs of this affection, but it will suffice to make a quotation from the learned and experienced.

"The fregnent disposition to have an evacuation, with the ability to discharge only a small quantity of bloody mucus or serum, attended with tormina and tenesmus is sufficient to determine the diagnosis in dysentery. The pulse as a general rule, is but little affected in the beginning, and to a casual observer the patients' general condition seems to be but little at fault". The condition of the tongue throws but little light upon the disease. Probably the patient has not had a fecal discharge from the bowels for several days consequent upon constipation, he now complains

of fullness and tightness about the umbil-
-ical region. The frequent stools
which the patient perchance has, is
a secretion from the inflamed surface
of the bowels, and probably the only
point of much tenderness is in the
left iliac region.

The Prognosis of this disease is gen
-erally favorable under proper treatment.
When the inflamation has extended
no further than a few inches in the
rectum and but little febrile excite-
-ment has been developed, this may
be considered but a slight affection,
and requiring but little treatment,
and will generally terminate favor-
-ably. When the inflammation
has extended the whole length of the
rectum and colon, and morbid

discharges of small quantities have become frequent, the diagnosis is unfavorable, unless there should be a change in the symptoms and discharges, and a decided lessening or mitigation of the tormina and tenesmus, the discharges fewer in number and greater in quantity, with a healthy bilious character, and the symptoms rapidly improve until there is nothing left but a diarhoea, which will soon cease. But when a case is about to terminate fatally, there is a cessation of the tormina and tenesmus, a development of tympanetis, coldness of the extremeties, a cold clammy state of the skin, with a purple hue about the nails, the features shrunken, involuntary evacuation of the bowels, stupor, subsultis tendinum,

these portend a speedy and fatal issue.

Anatomical Characters. The mucus membrane of the rectum and lower part of the colon almost always evinces signs of inflammation on a post-mortem examination. The inflammation may be diffused involving the whole of the mucus membranes of the lower bowels, particularly seating itself in the mucus folicles and solitary glands, which abound here. The membrane may be ulcerated or a decided thickening of the membrane.

It is supposed that ulcers of this membrane abound more frequently in this affection than most other inflammations of the bowels. Typhoid fever being the only disease in which ulceration is more abundent, where the glands of Peyer are universally affected.

It not unfrequently occurs that the whole mucus membrane of the bowels are involved in the inflammation, and sometimes all the coats of the bowels are involved except the serous or peritoneal, which is rarely involved. Yet the inflamation may extend to the stomache, and some Authors speak of abcesses being formed in the liver— but this, must be a rare occurrence. Most usually, only the inner three coats are involved, which are, internally, the mucus, next the submucus, cellular or fibrous, then the muscular. The three internal coats may frequently be perforated, but rarely is the external or serous.

The causes of acute dysentery, as enumerated by authors, are many, such as exposure to wet and cold, active exercise, thereby

becoming saturated with perspiration, and sudden exposure to cold, causing the circulating fluid to retreat from the external to the internal organs, which as a matter of course, would cause a congestion of those deep-seated vessels. The small vessels and capilaries of the bowels would become congested, and as a consequence inflammation of them, and those structures which they supply, with which they are in immediate contact. The use of unwholesome diet, exposure to the agency of malaria and contagion, a very sudden and decided change in diet, the protracted influence of a warm humid atmosphere. This affection is regarded by some practitioners of this latitude as being contagious. It seems to be endemic in

certain neighborhoods, and the supposition as to its contagiousness has been based upon the fact that when one of a family is attacked with it, it most usually runs through the whole circle.

Treatment. Probably a greater variety of remedial agents, and plans of treatment, have never been instituted in any disease than dysentery, arising probably to the various forms, grades, and complications, with which this affection is seen. Therefore the treatment must be governed by the degree of violence, and different features arising from existing complications.

And as this affection is consequent upon inflammation, the first indications are met by treatment analagous to that of inflammations in general.

Therefore the first indication is to relieve pain and distress, remove the causes of irritation by remedies directed directly or indirectly to the affected parts, or to unload the portal circle.

Bleeding is a remedy in high repute for the relief of inflammation attended by febrile excitement, but in this disease indications for bleeding are generally demanded only in the outset, where great benefit may be procured.

I have heard neighboring practitioners, lamenting that they had not been sent for in the early stage so that they might have bled their patient, believing, by a timely bleeding, that the disease would be so far checked, in the bud, as it were, that the further indications would be of little moment.

We are inclined to accede to this plan of treatment, from the fact that a thorough bleeding would so far relieve the congested parts, that further inflammation would not likely be developed.

Emetics are beneficial in the beginning of this affection. When the stomache is loaded with food or any foreign matter which would act as an irritant. A full emetic dose of Ipecac should be given. But in the advanced stages the use of this article is of no great moment.

Cathartics of the mercurial class are quite valuable in treating this affection. Calomel is acknowledged as the basis purgative in dysentery. There is always portal congestion, and calomel is first absorbed by this vein and carried directly

to the liver, which is excited to action, thereby effecting a portal depletion.

This disease is a consequence upon inflammation, so is the increased accumulation of the fibrinous element of the blood a consequence upon this inflammation, and as the physiological standard of the blood requires only two or three parts of fibrin to the thousand, in Dysentery the fibrin may be increased to seven or eight parts in a thousand, which increase, adds to the development of inflammation.

Therefore, there is an increase in the [illegible] inflammation and in the elaboration of fibrin. Calomel is the greatest defibrinizing agent known to the profession, consequently, one of the first purgatives and remedial agents

known in the treatment of this affec-tion. If calomel is given in large doses in the beginning, smaller ones should follow. X. gr, doses may be given in some cases, but generally from III, grs. to V. grs may be more properly administered.

Profuse Ptyalism should be always avoided. Opium is valuable in relieving pain and lessening the harass-ings of tormina and tenesmus, also to induce sleep, which is very much broken in the progress of the disease.

It is also valuable in checking the secretions where it is desired, but in this affection generally, it is not de-sired to check the secretions and lock up the bowels too suddenly.

Several preparations of opium are used, but probably the best is the opium

in substance, or Laudanum. Enemas of some preparation of opium and some emulcient; ℞ Laudanum XX. or XXX. gtt Starch qs. inject and retain an half hour. Injections are certainly very valuable in the whole course of the disease. In the beginning, where there is considerable febrile excitement, injections of cold water and slipery elm mucilege are quite beneficial and grateful to the patient. In the more advanced stages, injections.

"℞ Nitrate of Silver x. grs, morphia sulphas 11. grs, Rain water 1, ℥. thrown into the bowels through a large gum catheter introduced high enough to reach the highest portion of the inflamed surface, this should be repeated from one to three times per day for two

or three days, when the solution should be made weaker. Spt. of Turpentine is very good in doses of V. to VIII, gtt. given in Gum Arabic emulsion, every three or four hours, with blisters on the abdomen. Diaphoretics are valuable, in determining the circulating fluid to the external parts, and depleting from the congested blood vessels. "When the skin is dry and hot, advantage may be obtained by giving tartar emetic or the neutral mixture, separately or combined. These should be given in small doses every two or three hours". ℞ Asclepias Tuberosa XV, to. XX, grs. Ipecac ½. gr. Opium ¼. gr. Mix. given every two or three hours".

Warm baths, and vapor, baths are quite beneficial, but great care should be

taken that the patient is not exposed to cold. Various alteratives have been used beneficially, Ipecac has been asserted to be used quite advantagiously in almost any stage of the disease. Acetate of Lead is used with asserted advantage. Sulphate of Copper and Zinc, also copaiba, and oil of turpentine have been used with advantage. Quinine is asserted to be useful, Sulphur and cream of tartar make a good cathartic. Local remedies, such as leeches and cups. Fomentations and cataplasms. Rubefacients and anodyne embrocations, these have also been used with advantage.

Diet. In mild cases the patient should use light farinaceous substances, boiled rice, stale bread, crackers,

but in the febrile stage, farinaceous and mucilaginous drinks, with lemon juice if desired, gum arabic, arrow root, gruels, infusion of flax seed, mutton suet mixed with warm milk, should be used. After convalescence, great care should be taken to prevent the patient from indulging his apetite, as there is much danger of a relapse from debauchery.

Great precaution should be taken to keep the patient, his room, and bed clothes well cleansed, room well ventilated, and surrounding circumstances as agreeable as possible ———————————