

AN
INAUGURAL DISSERTATION

ON

Acute Dysentery

SUBMITTED TO THE
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BY

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OF

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To.
Professor. W. H. Bowling
The
Enemy of Quackery.
But,
The Physicians & Students friend
This.
Inaugural Dissertation
Is.
Respectfully Inscribed
By.
The Author.
As.
A tribute of respect.

1854.

Dysentery Or Bloody Flux:

This disease has been truly pronounced the pest of warm climates. In endeavoring to trace out its history we find no special account given of its origin at any one time, but in every age so far as we can learn from reliable sources it has prevailed to a greater or less extent. Sometimes in a mild epidemic form and at others, as a disease fearful and fatal in its consequences thinning armies and whole districts infested with its malitious poison. - Dysentery prevails sporadically at all seasons but its epidemic visitations are peculiarly apt to follow long continued warmth associated with moisture and changeable temperature. From its past history it has proved the veritable "Pestilence that walketh in darkness and the destruction that wasteth at noon day." Bearing testimony in its effects upon man to that truth, "That dust thou art, and unto dust shalt thou return;" a fact well exemplified in the legitimate tendency of every disease upon the system of man. But it is the province of the Healing art, to endeavor to avert the fatal blow - to protect the germ, preserve the flower, and prevent the premature decay of the full ripe fruit. - This disease during its epidemic prevalence, seizes alike the old & the young, & the middle aged, no age or sex is exempt from its baneful

influence but its favourite victims are. Those who, indulge in excesses of various kinds, and thus pre-
-dispose the system, to the influence and effects of a morbid poison which is intimately in association with the very atmosphere we breathe.

Dysentery, essentially consists in inflammation of, the mucous Membran. of the Cæcum & Colon, and the disease is made evident by the Character of the disch.
-arges and the sufferings of the patient. - The most prominent and leading symptoms of this Affection are pain and uneasiness in the rectum, attended with a constant desire to void feces without ability to discharge very little except Mucous, or Mucous tinged or mixed with blood; This may occur with or without premonitory Symptoms. The premonitory symptoms are: Dulness, Lassitude, impaired Appetite, Occasional but slight pains in the bowels, produced by intestinal irritation and, derangement, and indeed any cause producing intestinal excitement may determine the usual Symptoms, that precede the full development of Dysentery. This disease sometimes assumes certain forms when it is protracted, which on account of the peculiar treatment required, entitles it to a separate Consideration - we allude here to the disease in its chronic form; but, it is our province and design, in a limited Thesis, after having thus introduced

our Subject to take into consideration only the
Subject of "Acute Dysentery."

This is characterized
as has been already stated, by tenesmus and tenes-
mus which may be slight or very considerable
Ev. The first instance there is a discharge of glairy
Mucous, or Mucous mixed with blood, which is
very inconsiderable in quantity at the outset, - There
is a frequent desire to defecate, without ability to discharge
very little except Muc. Sanguinolent matter. Strang-
-ury, also, exists ^{as} a symptom of ordinary occurrence,
which sometimes, becomes a source of considerable
suffering. The general sympathies may be involved
but slightly at first and, under favourable influences
The disease in a few days, frequently subsides, but,
the symptoms may continue to grow worse, as time
advances. The tenesmus becomes, more urgent, and
constant, the bloody character of the discharges incre-
-ases. The tenesmus becomes, more persistent & painful
The Constitutional sympathies more extensively involved
and the disease in its characteristics assumes a
more serious aspect. - Not unfrequently the
disease makes its appearance from the first, by
bloody Mucous discharges, with considerable griping
and tenesmus followed by Constitutional distur-
-bance from the outset such as fever, headache.

nervous weakness and a general impaired condition of the secretions followed by functional derangements or organic disease in ^{other} important organs.

One of the prominent symptoms of Dysentery is constipation of the bowels. This state of the bowels may often precede and produce this affection but it is more or less always associated with the other symptoms of Dysentery.

This disease is frequently preceded and ushered in by chilly sensations, succeeded by feverish excitement, and the Constitutional Sympathies may in this way precede the local development of Inflammation of the rectum & Colon.

The Constitution, age, previous habits of life, Temperaments and other peculiarities will give rise to a variety of Constitutional manifestations. Also the violence and degree of the Epidemic Cause, in association with that peculiar condition of the atmosphere in regard to temperature & humidity that favours the reception and action of morbid poisons, will have considerable influence in determining the severity & extent of the Constitutional Symptoms and also in rendering mild or violent, the local and distinctive symptoms that appertain to the bowels. Some of the general or Constitutional symptoms are

fever, thirst, furred tongue, nausea, or vomiting
uneasiness in the Epigastric region, Oppressed,
respiration at times or in some cases and, in fact,
all those symptoms that usually obtain in those
distinct febrile affections with which Dysentery
may be, and is frequently, complicated - But it
is most generally that form of the disease
that prevails during the summer and autumn
nal months, that we meet with in our own
Country, & Climate, and that has heretofore
tended to an alarming extent of mortality.
We allude here to ~~Dysentery~~ Dysentery, in association
with the ordinary Idiopathic Malarious fever
of the Country. - In this form of Dysentery
we observe, all the ordinary symptoms, that usually
appertain to it in association with those that pecu-
-liarly characterize the idiopathic affections with
which it is associated. We frequently observe, the
Intermittent, Remittent, and Bilious forms of
Dysentery, and these forms vary or modify the general
Character of Dysentery according as it is in associa-
tion with the one or the other forms of Idiopathic
fever. In the Intermittent & Remittent forms we
observe, at certain intervals of time a paroxysm, or
an increase of febrile excitement, but in the Interm-
ittent type there is an entire interval between the

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futile paroxysms. whereas in The Remittent there
is only an abatement. In The Bilious type we
usually observe a deficiency of The bilious secretion
which results from either a functional or organic
derangement of The Liver. In either case, the very
striking sympathy existing between The Liver and
The contiguous viscera, are manifested which is owing
to the close intimacy established through the medium
of The organic nervous system, and also very con-
siderably to the deprivation from the bowels of one of
the very necessary agents of healthy digestion. (The healthy
bile) We also observe a considerable uneasiness and
sense of depression in The Epigastric region attended
at times with nausea, and also there may be present
a dry harsh skin and fever of a continuous character
We also witness a yellowish or dusky hue of The
skin and conjunctiva and the urine also partakes
of this color. The Cerebral functions become dis-
turbed and occasionally there is considerable
delirium and not infrequently Coma. but of
late years the most frequent and fatal form
of Dysentery is that which manifests itself with
prominent adynamic symptoms - It is well
known to The medical profession of The Southern
and Western States, that Typhoid fevers have been
prevailing throughout the entire Southern & Western

States as an ordinary Endemic, and frequently
as an Epidemic disease of The Country; It
is also well known that all the Idiopathic &
symptomatic diseases that have prevailed for
some years past, have a tendency if not
arrested early, to degenerate into adynamic, or
Typhoid Symptoms, and that, ^{it} is not a very
unfrequent occurrence for those symptoms to
manifest themselves early, in the ordinary, Typhlog
-masia and Idiopathic fevers. - Dysentery
according to recent observers would commence
either in the simple form or in association with
the ~~Essential~~ affections already referred to, and
if not early arrested, would almost invariably
assume a Typhoid type - A large proportion
of cases would assume the Typhoid form ^{from} the
beginning, and it is this type which has so
peculiarly and successfully baffled the skill
of the anxious Physician until its true pathology
& Character was investigated and better understood
Much yet remains to be accomplished in the
proper elucidation of this subject in order to
determine upon a more rational and success-
-ful method of treatment. - It would be need-
-less for us in a Treatise like the present, to enter
into a detail of all the symptoms which are

in association with the various Types of Acute Dysentery. This has been seen and observed by all the Leading Practitioners of Medicine in the South and needs only to be seen and observed to be recognized.

Etiology

Of the nature of the true cause of epidemic Dysentery we know comparatively little, - like the cause of all epidemic diseases we only know that it depends upon some hidden or occult agency or principle existing in the atmosphere and which is established under certain conditions of atmospheric influence involving heat, & moisture associated with cold, as its potent agent.

By extended observations and patient research observers have ascertained to a certain extent, those conditions of Atmospheric Change which favour the existence of an unknown subtle principle or agency termed Malaria or Miasm, which is only known to exist, by its baneful and destructive effects upon the animal Economy, and by their being a peculiar aptitude to diseases of a certain Character, at certain times and under certain circumstances, but the chemical properties of these mysterious agencies

have never yet been demonstrated by the researches of the Chemists or the most careful and extended observations of man. It is sufficient for our present purpose to remark that the same seeming conditions which generate the agency of Miasmatic fevers are those which determine the existence of Epidemic Dysentery, but why we should during certain seasons have Intermittent Remittent or Bilious fevers predominating and at others be visited by a fearful and malignant type of Dysentery, without any considerable number of Idiopathic fever cases, or complicated with Dysentery we cannot tell - It is presumed however that cold and moisture acting in a powerful manner in association with the common epidemic cause determine this conjoint and complicated diseased action. In the form of Idio Miasm associated with the depressing effects upon a relaxed system of cold & humidity we undoubtedly have another unknown agency or form of Malaria which determines an adynamic form of disease in connection with Dysentery, whilst at other times we observe an extensive prevalence of Typhoid fevers without any very marked tendency to inflammation of the mucous lining of the Colon & Rectum. There is yet a veil of obscurity hanging over this subject not entirely removed. It

will be sufficient for our present purpose. to confess our ignorance of the remote etiological conditions of the various forms of Dysentery, the more immediate cause we can readily ascertain in many instances - It is easy to foresee, that cold and moisture would act very powerfully upon the relaxed and debilitated system of man. Choking, perspiration and deranging the system generally, especially if these agents be brought to bear, in a very sudden and powerful manner. Intemperance, by enfeebling the system will favour the operation of extraneous causes. Crude or unripe fruits, indigestible aliments, Constipation, Muc. Enteritis, and indeed any cause capable of establishing intestinal irritation, will predispose to or establish the disease itself. When superadded to causes of this character we have a subtle poisoning agency, in the form of Malaria. We need not wonder that Dysentery has proved a scourge to the human Race, and that notwithstanding the light of investigation, has beamed to a certain extent, upon this subject it is yet, one of the formidable diseases of our Country. Dysentery frequently occurs as a sequel of other intestinal diseases, which leave the bowels in a debilitated state,

Pathology.

Dysentery is essentially an inflammatory disease involving the Colon & Rectum. Inflammation commencing in the mucous lining of these parts, and when not arrested, extending upon the Muscular & Serous coats of the bowels constitutes the true pathological conditions, by which we recognise its presence and existence. It exhibits in the mild varieties or forming Stage a slight redness of the mucous membrane, attended with more or less thickening as the inflammation advances there occurs a deposition of Coagulable Lymph and also ulceration. Ulcers may form in isolated patches but they frequently coalesce or become confluent, & cover a considerable portion of the Rectum or Colon; occasionally they are found occupying but a small portion of the surface; the blood exudes from the engorged vessels and is an effort of nature to relieve inflammation. We usually observe in association with the local characteristics a congested state of the Chylipoetic Viscera especially of the Spleen & Liver during Malarious Seasons The Mesenteric glands also exhibit an enlarged and engorged condition, in many instances which doubtless is the result of portal congestion preventing the free return of blood to the

heart. It is contended by high authority that functional or Organic derangement of the Spleen by the specific morbid agency of Malaria, or in some other way, is the first link in the Chain of diseased action that determines inflammation upon the Colon & rectum, and also the usual train of symptoms committed with this disease. Be that as it may, the disease is often ushered by the usual pathological characteristics that obtain in those idiopathic affections with which it is more or less associated and may exhibit throughout its course, in connection with the local characteristics of the rectum & Colon, the usual pathological changes that occur in those diseases, — but it is not our ~~present~~ object to generalize but merely to detail some of the prominent and leading Anatomical Characters that occur in the bowels as already remarked we have 1st simply an inflammation and a deposition of coagulable Lymph when ulceration and inflammation involves all the coats of the Bowels Peritonitis is the result, when a new train of pathological changes occur, additionally such as adhesions of the serous membrane with contiguous folds of itself, and contiguous organs dropsical effusions if the patient survives the first shock. "

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Prognosis.

When we observe the Mucous sanguinolent discharges to become less frequent, and the tormina less painful & constant, and the tenesmus cease its violence, with occasional Bilious fecal discharges from the bowels, and the tongue, which was previously coated perhaps dry begins to exhibit signs of moisture and clearing from the edges we may predict a favourable termination of the disease, but, if we observe the tormina and tenesmus to cease very suddenly, and the abdomen become Tympanitic, tender on pressure and enlarged and the pulse to become small & frequent, with cold extremities and ^{the} discharges from the bowels become most intolerably fetid, and the patient bathed in a clammy sweat, we may feel assured that peritoneal inflammation has occurred perhaps the result of ulceration through the coats of the bowel, death is almost or quite certain. Under ordinary circumstances it will be owing very much to the extent and nature of the complication and the importance of the organs implicated whether or not we may augur a favourable termination of the disease also the particular circumstances of exposure to

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the same influences which produced the disease must be taken into consideration, in prognosis We have fears always if the case are protracted beyond two weeks without amendment.

Treatment.

The proper Remedial management, of Dysentery, greatly depends upon a due discrimination of the various forms which it may assume both as regards its type and Stage and the selection of Remedies adapted to the particular form or Stage in which the disease exists. As a general rule the following indications, for treatment, are presented by this disease, *Viz*, 1st Relieve inflammation 2^d ~~prevent~~ Spasm and 3rd Remove costiveness. - In order to fulfill the first & second indications if there is a high degree of fever manifested by a full or bounding pulse, the patient having previously enjoyed a good health, or is somewhat plethoric bleeding from one or both arms must be resorted to to the extent of producing a decided impression upon the pulse, which will be best accomplished by bleeding the patient in the erect, or semi-erect posture. After a general bleeding Leeches or Cups should be applied freely to the Abdomen

as near the seat of the disease as possible, especially should this be applied if the violence of the symptoms are not overcome by the first bleeding. The bleeding should be encouraged from the Leech bites by warm moist applications such as common mild poultices or cloths dipped in warm water and freely applied. If the symptoms are of an Asthenic Character & the tormina and tenesmus are troublesome to the patient, the pulse instead of manifesting an average state of strength is reduced in volume and strength, and the system is enfeebled and prostrated, we should instead of resorting to a general bleeding to carry out the first and second indications bleed locally; in order to abstract from the local inflamed bowels, we may do this as before observed, by the application of Leeches or cups which are to be followed by the warm moist applications to the abdomen as in the first instance. The Constipated state of the bowels must next be attended to which according to our worthy Professor of the Theory & Practice of Medicine (from Chapman) is the third indication of Treatment. Dysentery it is true is an inflammatory affection, but the extent of deranged innervation involved in this disease establish in some way or other, Constipation as its legitimate result. perhaps this has associated with it functional or organic

lesion in determining this condition of the bowels
It is a well established fact - that the disease may
be ushered in by Costiveness as the determining Cause
but it is equally as well established that the same
condition may ensue as a result of the morbid de-
-rangements, ordinarily involved in this disease

The Mucous Membranes of the bowels become impaired
the Muscular Coat enfeebled and they cease to perform
their peristaltic movements properly. The feces become
dry and impacted. The secretions become vitiated
and accumulate in the bowels and unless removed
they become powerful sources of irritation to an
already inflamed surface. This must be effected
by purgatives as a necessary evil. This Class of
Remedies must be used to a greater or less extent
according to the requirements of the case.
Physicians are somewhat divided in their choice
of Remedies of this Class. Some preferring the
Saline Cathartics, others Castor oil either singly
or combined with Turpentine or it may be some
other form or recipe which according to individual
experience has proved successful in the accomplish-
-ment of this indication of treatment. Our Worthy Profes-
-sor of the Theory & practice of Medicine recommends
a searching, or Drastic purgative, his favorite
Recipe, as suggested is Scammony, Aloes & Oil of Hyacinth

of each Twenty grains, to be made into Twenty Pills. Three of which are to be given every six hours until the desired purgative effect is produced in some instances he adds to the above, Ten grains of Gamboge in order to increase its drastic power After the hard & scybalous matters are removed or proper fecal evacuation are obtained Anodynes should be used, they constitute a valuable Class of Remedies in this disease and of this Class Opium and its preparations stand preeminent in point of importance as a Therapeutical agent, in the treatment of Dysentery, it has a peculiar tendency to equalize the Circulation Remove Congestion, and inflammation and allay pain and nervous excitement, Large & decided doses should be given in the severe forms of this affection after the bowels are properly evacuated in order to cut short the inflammation or even to abort the disease if possible If the tormina & tenesmus are very considerable and the patient quite restless & uneasy the preferable mode of administering the Remedy is to introduce it in a solid or pillular form into the rectum; from six to eight grains may be required in adult patients; a more convenient mode is if the bowels will retain it to administer injections of from one to two Teaspoons full

of Tincture of Opium, in from two to three Table Spoonfull of Starch, water, or, in the same quantity of some, mild mucilaginous preparation: such as the Mucilage, Gum arabic, (Shippory) Elm, & parts of Sassafras— In Children, these injections will not, be retained in the bowel and, it is almost, complete folly to, administer them in the severer forms of, this disease, with very young subjects, Solid Opium in quantity proportionate to their age must, be resorted to if the tenesmus is violent, or the remedy demanded, If, after the usual means of, bleeding Leeching & Cupping have, been resorted to, together with the proper use of, purgatives and Anodynes we, observe a persistency, of, the symptoms, we should continue the use of, warm moist applications to the bowels and in some instances where, the system will tolerate, its influence without, exciting too much Constitutional irritation, a blister may do, good service, but their use, generally in this disease is of, doubtful propriety, In many instances, the effects of, blistering are, decidedly deleterious, if resorted during the acute stage of of this disease? Warm applications frequently do great service in this affection, in the form of Mustard conjoined or mixed with poultices in such a manner as to exercise a slow but

but, continued counter irritation for several hours, but, notwithstanding benefit may be derived in this way the patient should never be burdened with their weight, nor influenced. Cleanliness and neatness must be strictly observed, the sick (room) must be kept at an agreeable temperature and properly ventilated, the clothing must be frequently changed and all offensive matters must be strictly removed. Anodynes and laxatives should be continued at occasional intervals, as the necessity of the case may require; a regular fecal evacuation must be obtained every thirty or thirty six hours, and pain and irritation must be controlled by their appropriate remedies or means - Not unfrequently we find the patient after the preliminary bleeding & cupping still labouring under intense pain from griping & tenesmus and we cannot await the action of purgatives previous to the administration of anodynes without incurring great restlessness and intense on the part of the patient. It becomes essentially necessary under these circumstances to administer Anodynes in combination with purgatives from the outset, for this purpose Epsom Salts, in liberal doses combined with Laudanum and administered every six or eight hours until a sufficient

operation from the bowels is obtained is an excellent remedy. The salts may be given singly and be immediately followed by the use of Hyoscyamus. Opium or some of its preparations or what will answer the same indications. Purgatives may be given by the mouth and Anodyne injections used, to allay pain and irritation when a speedy local effect is desired. Castor oil may be conveniently substituted in some cases either singly or combined with turpentine also it may be used in connection with anodynes according as Idiosyncrasy, the severity of the affection or the nature of the ~~part~~ case may require. It is to be observed that when the disease partakes of a malarious character and exhibits prominent hepatic symptoms, that Calomel combined with Opium or anodynes in some other form frequently becomes necessary, but its effects should be carefully watched and the remedy suspended when the proper bilious evacuations are obtained and the Liver relieved of its engorgement. When fever exists of a paroxysmal character the exhibition of Quinine either singly or in combination with Calomel or Blue Mass. becomes necessary according as there are one or more indications of treatment, to be fulfilled; During the pyrexia

a very convenient Remedy is a combination or mixture of Spirits of Nitre Dulce, ℥ii. Camphorated Tincture of Opium ℥i. Or. Teaspoonfull of. This may be given every hour, or two, and an occasional Soda, or Seidlitz, powder, or the Neutral mixture may also be used also iced lemonade, & mucil aginous drinks may be allowed, and if the skin is dry & harsh sponging the body, freely with water or water & Vinegar mixed, warm or Cold, according as it is grateful to the patient.

The Pan gonic & nitre mixture is more particul arly adapted where the nervous system is largely involved and there is a constant, tormina existing in connection with Strangury, which latter is often severe and troublesome to the patient

The Saline Remedies answer, admirably for the removal of the troublesome and painful effects of Strangury, and are particularly demanded, when in connection with Strangury there is considerable reactionary fever.

Where they answer, Seidlitz powders must be given with a view of obtaining regular fecal. movements from the bowels. and also by effecting serous discharges in order to relieve the tension of the blood vessels and subdue inflaw ation but the purgatives must be selected,

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according to the requirements of the case, regular
facal ^{matrus} movements, from the bowels and all hurtful
accumulations must, be removed from time
to time, and generally this is required every twenty
four or thirty six hours. —

As already remarked
Dysentery, frequently assumes a Typhoid
Character, and this may exist from the commence-
ment, or obtain, as the result of, the disease
not giving way early; When we observe the
system greatly depressed and the vital actions
enfeebled, we should lay aside the Sacret, and
endeavour to control local inflammation by local
abstractions of blood; poultices and mild contra-
stimulants used, we should be very careful in
the selection of purgatives, the milder variety are
generally, efficient, given in moderate doses —
the bowels, however must be carefully unloaded
of accumulated matters, but further prostration
of the system must be avoided, Castor oil &
Serpentine, in moderate doses, is a very convenient
Remedy, and this may be used with Laudanum
when the system requires it. The system must be
sustained by Cordial Stimulants, and nutritious
but unstimulating diet, When the bowels are inclined
to produce copious bloody serous ^{discharges} and the patients,

strength, gives way it becomes necessary to exhibit
 astringent preparations in connection with Opium
 and Cordial Stimulants. It is needless to remark
 that moral treatment should be observed in all
 cases. The patient's mind should be free of all
 depressing mental emotions, as far as this is prac-
 ticable and cheerfulness must be inspired by
 the manner and conduct of the physician &
 attendants. - Much might be said with reference
 to the treatment of this disease, by the exhibition of
 astringent injections and the various forms of
 remedies which have from time to time been
 found serviceable in some particular form or
 stage but it will suffice for the present to re-
 mark that undoubtedly much harm has resulted
 from the too early and injudicious use of Nitrate
 of Silver and other astringent preparations
 in this affection. A mania is abroad is abroad
 to cure this disease with some favourite recipe
 system of treatment, each preferring to adopt
 exclusively and in all cases that system which has
 at some one time or other proved successful
 but until we learn to diagnose the various an-
 =atomical characters which this disease manifests
 we must ever continue to prove unsuccessful
 in a large proportion of cases, Nature is unerring

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in her laws and must be consulted, in this
as well as in every other disease,

W. J. Perry

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