

MAN

INAUGURAL DISSERTATION,

ON

Typhoid Colic Rectitis



PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY



University of Nashville,

FOR THE DEGREE OF

DOCTOR OF MEDICINE.

BY

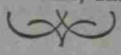
Wm. C. Haraway.

OF

Ala.



CHARLES W. SMITH,
BOOKSELLER AND STATIONER,
NASHVILLE, TENN.



Typhoid. Colo. Rectitis.

This disease from many considerations claims our attention as much, or more than any other disease common to our country at the present-time.

In the first place, from its malignancy and great fatality, in the regions of Country where it has prevailed, and in the second place, from the great variety of remedial agents urged upon the practitioner for its cure, by the mere pretends in Medicine, thirdly, the great diversity in the treatment instituted for its cure, There are a thousand or more specifics, offered. Every one you may chance to meet when the epidemic is raging, has his specific, which has cured its numbers. And strange to say, that some of the profession who claim to be doctors, and who assume to themselves the distinguished honor of supporting the dignity of the profession, will stoop so low

as to resort to the use of many of the patent
Medicines that may chance to meet his eye
in the publications of the day.

Thus we find the patient's doom
is to go through a thorough drenching
with such Medicines as, Perry Davis's
Pain Killer, Radway's Relief, Jacobs Cordi-
al and a host of others that would weary
my patience to speak of.

There is quite a diversity of Opin-
ion in regard to the proper treatment
of the disease among the respectable
Medical Men. Some contending ^{for} a saline
treatment others for a mercurial and others
for an astringent with Opium.

It is not my purpose at the pres-
ent time to discuss the different modes of
treatment, I will leave this for those who are
more in the habit of writing than myself.

I am aware of the great Fatality of Dysentery
Colo. Rectitis, having witnessed as many
as three epidemics, and participated in
the treatment of the disease in its various
grades. I, now propose to give the differ-
ent, Characters of the disease as I have
seen it in the above epidemics and the
treatment that seems best adapted for
its cure.

This disease usually makes its appe-
arance, with diarrhoea and griping pains in the
bowels. the patient complains of languor and deb-
ility, the tongue coated with a white or
yellow fur, skin dry, with exacerbations of
fever. These symptoms continue but a short
time before the genuine flux discharge com-
mences, which is mucous streaked with
blood. I

As the disease proceeds, the actions

become more frequent, and the tormina
more severe, with an increase in quantity
from the bowels, consisting of Mucous and
blood. The blood at this time largely pre-
dominates, whilst the Mucous seems to
decrease, until the stools seem almost
entirely to consist of pure blood.

At this time the febrile symptoms
seem to be more fully established, the
fever increasing towards evening, pulse fre-
-quent and small, ranging from 115 to 120,
tongue more dry and rough down the
middle, thirst increased, actions from
the bowels more frequent with severe tor-
-mina.

The Stomach seems but little distu-
-bed, in some cases there is at times Nausea
& Vomiting, with slight pain on pressure
over the Epigastric region.

The Spleen. This organ seems to be more or less implicated; in the majority of Cases, there is engorgement and tenderness on pressure.

The liver. This organ is generally deranged in its actions, being more or less torpid throughout the whole course of the disease.

The Kidneys. These organs are disordered, their secretory functions partially suspended, the urine high colored and scanty.

At this stage of the disease, the symptoms become aggravated, the tongue assumes a dark brown appearance, with sordes on the gums and teeth, and a tendency to prostration of the general system, with tympanitis of the abdomen. As these symptoms proceed, the discharges from the bowels become very fetid and somewhat changed in character to a lighter color from the admixture of fecal matter with the blood.

If the disease progresses the tongue becomes very dry and cracked in various directions; the patient swallows with great difficulty, and if he takes a liquid of any kind it only relieves his thirst for a short time.

Then some symptoms of delirium may ensue, with hacking cough showing a lesion of the lungs. The evacuations still frequent and extremely fetid.

The pulse still frequent ranging from 120 to 140, though feeble at this time the patient evinces some anxiety when aroused, the symptoms still growing worse, the extremities become cold, the surface generally bathed in a cold clammy perspiration, the stools become involuntary, the pulse at the wrist begins to give way with all the rational signs of impending dissolution.

These are the symptoms common in
Typhoid Colic Rectitis, as I have observed
them in a number of cases in the Epidem-
ics spoken of unimp. Modified by some
cause in the early part of the Malady.
Cause.

In relation to the cause of Typhoid
Dysentery, there is various notions,
From the fact that it makes its appear-
ance in a complicated form.

The typhoid symptoms making their app-
earance first, and then followed by Dysen-
tery, and the patient complaining of weakness
of the general system, forces me to conclude
that the cause is the same that produces
this disease that produces typhoid fever.

Hence I regard the disease in
its essential elements, Typhoid fever, with
the dysenteric symptoms as a complication.

Diagnosis

This disease may be readily made out from the general depressed condition of the system - a weak and frequent pulse, debility - with the characteristic symptoms of dysentery, such as griping pains, tenesmus - mucous and bloody stools. which may be regarded as certain signs of this affection.

Prognosis.

In making a prognosis in the above disease, it would be generally unfavorable in the majority of cases.

Treatment.

I approach the treatment of this disease with some degree of reluctance, knowing the character of it, and the difficulty the physician has to encounter in its treatment. Typhoid fever alone must be regarded a formidable disease, and when complicated with flux, must necessarily make it a disease of more serious import to treat.

The treatment in the first stage if there be diarrhoea for some time previous with tenesmus and tomina a torpid condition of the liver I commence the treatment with the following pills,
Blue mass. 13 grs. Gum Camphor 20 grs
Dinarcotized Opium 2 grs make 8 pills,
Give one pill every three hours, the patient using at the same time mucilaginous drinks.

I also apply stimulant poultices to the bowels, and give a purgative every Twelve or Eighteen ^{hours} in order to evacuate the contents of the whole alimentary tract.

This pill is continued until there are signs in the discharges of biliary actions, showing a decided impression on the liver.

When I have attained this object, I continue the pill at longer intervals in order to keep up slight actions from the biliary organ. After having produced the above effects I add to the treatment the turpentine, after the following prescription viz

	R ^x	ʒpts Turpentine.	CXX.ʒtt
		Aga Mentha Pip	v 3
		Sandannm.	LIX.ʒtt
		ʒpts Lavender.	3 i
Miscer.		Loaf Sugar + Gum acacia	3 ii

Of the above mixture, I give from one to two Teaspoonfulls every three or four hours until the flux symptoms have subsided or rather degenerated into a diarrhoea; which they do in many cases in four or five days.

When the disease assumes the form of Diarrhoea, in the course of the fever, I suspend the Mercurial and resort to a pill compos'd. of the following ingredients

viz. ℞ Gum Camphor. xx grs
Denarcotiz'd Opi. v. grs
Gum acacid. x grs

Make-10-pills. One of the above every four or six hours according to circumstances, continuing the Turpentine Mixture as before directed if there be no indications that forbid its use.

This treatment I continue,

with the warm bath to the extremities mucilaginous drinks, and rubefacient applications to the abdomen.

Should the patient have great thirst he may be allowed the effervescent draught, composed of carbonate of potash and Citric acid, or a diluted solution of sulphuric acid.

In order to correct the excess of the stools I give from 20 to 30 drops of liquid Chloride of Soda every four or five hours.

In the event the above treatment is not likely to mitigate the symptoms of the disease, and the patient seems to have a tendency to prostration and collapse with all the symptoms aggravated, a weak and frequent pulse with large watery stools, severe tormina, the following pill may

be given, viz:

R Opium - X grs

Acetate Lead XX grs

Gum Arabic - X grs Make 10. pills

One of these pills I give every three or four hours, watching their effects, and if signs of Narcotism come on, withhold the pill, or give them at longer intervals.

In connection with the above treatment, a large blister should be applied over the abdomen, which I have known often to have a very salutary effect in removing the tympanitic distention and allaying the severe tenderness.

At this time, enemata of starch water and gum opium should be frequently used in proportion of 2 grs of opium to the ounce of starch water, the opium should be thoroughly saturated

in the starch water before it is used.

The quantity thrown up the rectum at the time, I conceive to be a matter of some importance, therefore the least quantity you use the better in order not to irritate the bowels by distending them.

These enemata I direct to be thrown up the rectum after every third or fourth evacuation, unless there are indications that forbid their use, at the same time continue the use of the turpentine according to the formula given at page

With the above treatment, I give pretty freely of port wine or French brandy to support the system and ward off the Collapse. Should I find after trying the Stimulant, and watching its effects, that their use is fully indicated I continue its use but if I should find after

trying it that there are symptoms of thirst
and excitement of the pulse, it should be
abandoned.

If the lungs become implicated, and
on examination we find there is any lesion
of importance, we should treat it locally,
with poultices or blisters, which will be likely
to allay the irritability of these organs,
if we can keep the bowels contracted.

In connection with mucilaginous
drinks the patient should use a diuretic
to act on ~~the~~ restore the secretions of the
Kidneys. Spts Nitro dulcis in ss ~~cases~~.

Should I be so fortunate at
this stage, as to arrest the disease in its
progress - which may be told by
the lessening of pain and frequency
in the evacuations, the coat on the tongue
slipping off and leaving it moist with

14
quietude of the patient the following
pill may be given viz

R^x Sul quinine ʒi

Gum camphor ʒss. Make twenty
pills. One of these should be given every
three hours with the brandy. Still continue
the astringent occasionally to control
the frequent actions from the bowels.

These pills I continue every three
or four hours until I am fully satisfied
my patient is convalescing, directing
that the patient keep perfectly quiet
and never make an effort to get up
alone, until his strength is regained.

Wm E. Haraway.
Alabama.