AN INAUGURAL DISSERTATION ON

Ecto-Rectitis.

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Colo-Rectitis.

This disease has perhaps troubled the "Physician" of our southern climate more than any other disease with which we are visited. When occurring in its "Epidemic" form it is the great life destroyer of southern latitudes. It was this "disease" that slaid its thousands in 1862-3 in many of the fertile valleys of "Georgia", also in many of the other southern states, bidding defiance to the Physician, and going on to its fatal termination.

It greatly surpasses all other "Epidemics" of the South in fatality when occurring in a malignant form. At the present day the nature and seat of this disease is well understood though there has been much dispute among pathological writers of former times.
concerning its proper classification. While some regarded it as a specific affection of the intestines, Sydenham viewed it as a fever. Bulloz, agreeing with him, but adding contagiousness as an essential characteristic. Caldwell and Upham of our own country regard it as primarily a gastric affection, others attribute it to cutaneous and hepatic disorder and derangement. As its name indicates, the disease consists in inflammation of the mucous membrane of the colon and rectum, characterized by small mucous or bloody evacuations, griping pains in the abdomen, straining at stool, and tenesmus. We should be careful not to confuse dysentery on the one hand with diarrhea, or on the other with enteritis.
It is true that diarrhoea is the
initiating state of many dysenteries;
though some attacks come on without
any previous diarrhoea, diarrhoea exist
without inflammation, in fact it ceases
to be diarrhoea proper when this has
subordinated. It is therefore true that inflam-
mation of the mucous coat of the bowels
is an essential element in dysentery.

The physician will seldom find any
difficulty in making out his diagnosis
between diarrhoea and dysentery.

Diarrhoea consists in morbid secretion
and violent peristaltic action, the result
of "irritation" of the mucous digestive
surface. Dysentery implies "inflammation"
with all of its consequences, morbid
secretion, ulceration, and hemorrhage with
haemorrhagic action; an interruption of
peristaltic movement being a frequent attendant. Symptoms: Pile Rectitis is a painful affliction of the bowels, with fever, soreness in the abdomen is a common attendant with occasional griping, and tenesmus; there is strong propensity to go to stool, occurring at short intervals. Pellet matter is but seldom discharged & in small quantities, the defecations being made up of mucus and blood. The attack commences frequently with a chill; in other cases, the pains in the abdomen are the prominent symptoms, in some cases there is no rigor, but after an indefinite period, the skin becomes hot and dry; the pulse is full, hard and frequent. We generally find the tongue coated with a thick whitish or yellowish film; there is great thirst.
with anxiety and restlessness. We usually find the patient in low spirits, with his strength much reduced, great distress about the epigastrum. As the disease advances, the alvine evacuations become more frequent and offensive; tenesmus and tenesmus, is unrelieved by the evacuations, which consist of a thick mucous, resembling jelly colored with blood, in the latter stage, the evacuations consist of a watery serous fluid with a disagreeable smell, "resembling the washings of putrid flesh," pure blood is occasionally passed in large quantities. Small round lumps, consisting of hardened fecal matter, and sometimes of fatty or fibrinous substances, are occasionally voided, and with to the relief of the patient in
a great degree, those evacuations have obtained the technical name of "Seysbala." The presence of these "Seysbala" is by no means however very common.

The intestinal pains are in some cases very severe, causing great debility of body, and slight delirium. The stomach frequently becomes very irritable. The pain ceases suddenly upon the occurrence of mortification, offensive stools now flow, almost without interval, unnoticed, by the almost unconscious sufferer. Death soon1
relieves the patient of his sufferings and torments, and his attendance
of an object that is now almost disgusting to human sight. Such is the usual course of symptoms, but various cases present many irregularities.
Thus in some fatal cases of "Dysentery" little there is but very abdominal pain, the patient seeming to sink merely under the debilitating effects of the large and frequent discharges of mucous and blood. Post-mortem examinations reveal to us uniformly, all the appearances of high inflammation of the mucous mem-
brane of the intestines; portions of this tissue are deeply injected, infiltrated with blood and softened; and if the case has been one of long duration, ulcers are found of various size and shape, extensively diffused. It is to the erosion of those ulcers that we attribute the free hemorrhage, generally venous, but in some instances arterial hemorrhage occurs also, though rarely. The canal is occasionally found constrained
generally in some portion of the colon. Gangrene and abscesses are known to have taken place sometimes separating considerable portions of the canal.

Causes—A predisposition to Dysesthesia is generated by the continued influence of heat, relaxing the surface of the body so as to render it more susceptible to the influence of cold, increasing the excitability of the alimentary mucous membrane, disordering the hepatic function, under these circumstances, causes will often produce an attack of Dysesthesia, which, under others, would produce no effect.

Dysesthesia occurs both sporadically and as an epidemic, its occurrence in the latter form is always to be dreaded, its ravages has perhaps exceeded that
of any other disease of our latitude. Within the last few years, its occurrence has been more frequent than all other epidemics of this country, extending summer after summer throughout nearly the entire extent of the U.S. It has been asserted by some to be a contagious disease uniformly, and indeed the doctrine has received very extensive and able support, and even among those who refuse to consider it essentially contagious, there are but few who doubt that it may assume this character under certain circumstances—as in camps, jails, and when the fever is of a typhoid character. In our climate, dysentery belongs to the list of autumnal maladies, and is produced by all the agents that give rise to bilious attacks—remittent and
intermittent fevers. Malaria may be mentioned as a frequent source of this disease, exposure to sudden, and unexpected alternation of temperature, cold and moisture; wet clothing, sleeping on wet ground it, Dysentery occasionally accompanies our malarial fevers, both remittent and intermittent, adds very much to their malignancy, increasing both the danger and suffering of the patient. Malaria is now universally regarded as one of the causes of Dysentery. In all hot climates, the fact is so evident that it originates from the same cause that produces the epidemic fevers, which are connected with derangement of the liver, as to have received from writers on the subject titles expressive of their connection, as hepatic flux.
"bilious fever" with flux, etc.

The evacuations in "Dysentery" are exceedingly diversified in character. Montification has often been too rashly inferred from the peculiar fecal and offensiveness of the discharges; and the membranous films thrown off, are supposed to consist of sloughing portions of the villous coat of the intestine. But recoveries frequently occur after all these phenomena have been noticed, and so readily too as to preclude the idea of gangrene of the intestine.

Prognosis: The prognosis in dysentery, when uncomplicated with any other disease is generally favorable. In sporadic cases arising from transient causes, such as exposure to moisture, and cold,
The use of inratable articles of food in the forenoon is nearly always favorable when occurring in a good constitution. When occurring in its epidemic form it is always to be dreaded, and regarded as a dangerous malady, and in low damp situations is fatal in a very large proportion of cases. The autumnal epidemics of southern climates are always to be dreaded, for their ravages have been truly great at different periods.

Among the symptoms, which point most directly to the danger of the patient, most physicians are disposed to regard the degree of tenesmus present, and the frequency of the calls to stool, hiccups, a low delirium, and a relaxed state of the sphincter.
These symptoms for the most part point directly to the fatal issue. On the contrary, we infer a favorable change, when we observe a diminution in the degree of tenesmus, and the urgency of the calls to stool, the intervals being attended with more notable relief. The bowels becoming less tender on pressure, the lining membrane of the mouth less red and more moist. The temperature of the surface becoming more uniform, with general perspiration, and refreshing sleep.

Treatment—The indications which are to guide us in the treatment of ordinary Dysentery, are clear and marked. Our object is, first to effect
the removal of spasm, and the
reduction of inflammation. Two
parts which are considered uniform-
ly, and essentially characteristic of
the disease. Blood letting was formerly
much relied upon in dysentery, but
the southern physician knows at
the present day that, on account
of the predisposition of the system
to sink under active antiphlogistic
measures, it is best in a vast
majority of cases to omit this
remedy, whatever may be its
effects in other climates.

Some modern writers lay a
great deal of stress upon the employment
of topical blood letting, and it is
a remedy attended with very little
risk, and is no doubt frequently
attended with great benefit.
A large number of leeches may be placed over the surface of the abdomen, or in their absence cups may be applied extensively over the abdomen, the flow of blood may be promoted by the application of warm poultices, these poultices tend also very much to soothe and comfort the patient.
They should therefore be employed throughout the disease, rendering them more stimulating in the advanced stage, by the addition of mustard. Emetics may be employed occasionally where there is acute or indigestible food present we regard them as entirely useless under any other circumstance.
Purgatives, either alone or in combination are employed by nearly all without any hesitation, the object being to accomplish the free and complete evacuation of all stagnating matter and foul secretions of the alimentary tube, by means that shall not tend to but diminish as far as possible the inflammation and spasmodic reaction present. To accomplish these purposes, every physician has his favorite formula. I was disposed to regard the formula as recommended by Prof. Birdlin of this institution as probably the best that has been given viz. 2 gr. blue waste, scoummony 2 gr. aloes 2 gr. sometimes adding gamboge. This would seem to increase
The existing inflammation, from the tendency of some of these articles to act on the lower bowels, but
sais "Boulch" there are products there that cannot be moved by
milder agents. "Dickson" of Charleston
A. C. recommends colocyn in large
quantities so as to move the bowels
freely, which I have no doubt is
a good practice. Opium is a
remedy that cannot well be
dispensed with in this disease.
We will find it always to
subtract from the intensity
of the pain which is universally
present, if not subdue it entirely.
It also relieves the harsh, dry
surface into a soft, warm perspi-
ration.
When the disease is obviously of malarial origin, sulphate of
Quinine will be of great service administered at the proper time.
I have no doubt but it is called
for in all antimonial flegements
of the South. It will generally
be best to give it in combination
with quinin. With these reme-
dies we can controul most of the
cases with which we will meet.
It must be recollected that
we are speaking only of the
acute form.