AN INAUGURAL DISSERTATION,
on
Colorectitis.

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We come now to treat of a disease which is very rife in almost all parts of the habitable globe. There is no sex or age that is entirely free from its pernicious influence. We are liable to be attacked by it during some portion of our existence. Though it is true that there are modifying circumstances attending it. It is doubtless more aggravating in some localities, and, in some places than in others. It is our opinion, that the season, with all the habits of the the fret control it more than another thing. We believe it not to be confined by causes to any specific locality. Only when associated with malarious diseases. But to be an atmospheric epidemic. And not a contagious as some would have it be, butショップ a nature like that of cholera, with which,
We consider it closely allied. Amo which is now not generally believed to be a Contagious Colitis or Dysentery, is inflammation of the Mucous Membrane of the Colon and Rectum, Characterized by small bloody and Mucous evacuations. A continued inclination to go to stool, Jeremiah, cramping and gripping pain in the bowels. Inflammation of the Colon, extending up the Small intestines.

This disease may be either Acute or Chronic. The Acute form of this disease we may describe by Dr. Denny without scarcely a premonitory symptom, commencing with a violent Diarrhea terminating suddenly in bloody discharges, giving great pain and increasing shortly after the attack. Or it may be attended with premonitory symptoms several days before the attack. Profuse, as castor-oil, general uneasiness, indisposed appetite, constipation or a moderate diathesis.
Dysentery is a frequent attendant of this disease. But a single attack may run its whole course without any fever whatsoever. Fever may either precede this local affection or appear afterward, as the result of the irritation caused by the incipient eruption of the bowel. Sometimes the local and petechial phenomena commence at the same time, probably ushered in by a chill of the moment the patient begins to complain of the tenesmus followed by a small painful evacuation. In such cases the dysentery is a concomitant of some other disease generally.

We know dysentery assuming various grades from a slight inflammation of the colon and rectum attended with but little, if any, fever, up to one of the most violent and unmanageable diseases to which the human frame is subject. Much depends upon the exciting cause and the susceptiblity of
The patient. Individuals, who have been subject to chronic diarrhea or chronic inflammation of the bowels, caused possibly by some poisonous attack or by the sequel of other disease, may have a recurrence of it in its most aggravated form, destroying frequently the life of the patient in a very short time. Over which means of active agents seem to exert very little influence.

In the first place we will give a brief description of Simple Diarrhea, and then refer to it in its more violent combinations. In the commencement of a case of Simple Diarrhea, there are almost always green stains in the stool, discoloring or twisting as it goes, called Torsina, sometimes mixed with small bloody mucus evacuations, giving relief to the oldness, highly inflamed bowels, but Constipation of the stool associated with violent tenesmus and a burning down burning sensation
Such cases are sometimes very difficult to treat. The liver shows some disposition to act in some cases, then we have papillae little villous-like with trains of mucous membrane and little hard bumps of mucus membrane. When the liver acts and there is a discharge of feculent matter, it tends to alleviate the pain for the time being. But unless remedies act well, it will return again with the accustomed violence.

The bladder and urethra frequently sympathize with the rectum in this painful malady, which causes difficult urination, either from a spasmatic contraction of the urethra or nervous debility. We are rather inclined to attribute it to the latter on account of the close proximity of the bladder to the disease. First, the nerves being called into action do frequently loose their power to act.
The function of the bladder being thirty much impeded, which adds much to the malignancy of the disease. There is generally great tenderness over the abdomen, tending up the side, and along the transverse colic, reaching the small intestine and not unfrequently tending along the whole alimentary canal producing very high fever.

In very severe cases there is always more or less fever. The pulse is usually full and frequent, the skin hot and dry. The tongue moist and covered with a whitish film, but most commonly the tongue is dry and fiery, particularly the tip and edges and contracted like unto that of typhoid fever.

In most cases the patient takes a turn for the better between the seventh and tenth day, and recovers without any other bad symptom. In some cases however, the course has
em is to deprive, from the violence of the attack and the extent of the inflammation that the patient never recovers or recovers from the shock, but sinks into a state of delirium. Most generally though they retain their senses to the last with little or no constitutional symptoms. There are rare cases in this form of the disease and hopefully for us, that they do not occur often. The patient has a very small frequent pulse, a cold and clammy skin, hunger, and contracted features evidencing great anxiety. The countenance of a livid or dusky hue. There is that the first aggravation of the local symptoms, with tenderness and distension of the bowels. Such cases generally prove fatal in a very short time. There are some who have good constitutions, that recover, but the disease may become chronic as its nature.
Winters Depsitory. In many cases of dysentery, the home Considerable arrangements of the bilious locations is being rather Secondary symptomatic in its nature, as the result of the great inflammation of the bowel, extending a good way up the alimentary tract. Occasionally this is from the beginning of the attack arrangement out of the Stomach and liver, producing a yellowish of the skin and carcass, oppression about the spirometer and bilious vomiting. The tongue is then covered over with a thick yellow coating. The urine is strong and highly coloured. The fever in this form of the disease is of a high grade, a morbid or disproved condition of the bilious deposition. The epidemic which visit our country a few summer since, we think then was very little bilious arrangement. The disease seemed almost entirely confined to the
lower bowel, with few exceptions, the liver
seemed disposed to act slowly, when the tumour
was relieved by the front and stopper
Application of suitable remedies to the bowels
without the application of any mercury
whatever in most cases I believe mercury does not
harm by acting as an irritant on the already
highly inflamed bowel or intestine. Very few
cases admit the use of mercury since the liver
is disposed to act when the bowel is kept clear
of its vitiated accumulation.

Adynamie Dysentery. Many cases of acute
dysentery, unless relieved in eight or ten days
are disposed to take on a more typhoid nature.
The patient having been so destitute of the
violence of the unceasing disposition of the
acute attacks as to sink into a jurisfest state
of exhaustion and debility, with a lees
feebler pulse and fecal evacuations from the
torue, either of invagulable blood or urine, the blood being now deprived of the water portion. Persons who have been exposed to previous depopling causes, as Camps, Prison, ships and Marching Armies, Exposure to inclement weather, Unwholesome food, and wretched half of every kind, are very apt to take this form of the disease. And from the very beginning require medicine to support the sinking system. They exhibit various evidences of nervous disease, as depression of the spirits, Antichy-ache, low derision and Delirium. In such forms of the disease, most of these symptoms will be found. And death is almost the inevitable consequence.

We frequently have symptoms associated with Unith and intermittent fever in Miasmatic regions. In fact in almost all of these climes in the South we have more or less the torture of
The bowel, complicating the primary disease with Pneumonia Typhoid Pneumonia and Measles, we find at times a very troublesome symptom, giving rise frequently to delirium of the bowel. In treating all other diseases we should be very careful about the administration of any remedial agents which have an irritating effect on the bowel. As far as in the treatment of Pneumonia for instance, it is very essential that we make a correct diagnosis in this disease, being very careful as to its proper treatment.

It may be worth to say something as to the prognosis in this disease. When the pain subsides and the discharge becomes more abundant and less frequent, of a thicker character, the pulse returns to normal and fills up in coldness, the tongue moist and red, the skin moist and slightly covered over with...
With a gentle perspiration, the patient is
well and enjoys a pleasant, refreshing sleep.
The diarrhoea of any sort ceases. Then we have
usually a rapid and speedy recovery. Unless the
patient should be imprudent— and bring a
fever—a relapse, which in all diseases is tenfold
more dangerous than the first attack.

On the other hand, when the skin is cold,
clamy, pulse weak and irregular. The tongue
slicck and sere, being Tumidous when protruded
from the mouth, emitting Signs of Nervous
upset and distraction. Tenderly along the track of the
Colon angular, Cold terminus involuntary for
Subcutus tendinum and flexura, we may in
a very short period 1 and such a dissolution. After
labouring ten fifteen or twenty days under one of
the most torturing diseases to which mortality
is sure.

Death may result in consequence from a failure...
in the powers of life owing to the extent and intensity of the inflammation.
The vital energies, seem to have been so crippled as never to be able entirely to recuperate.

Anatomical Characters. In post mortem examination, the mucous membrane of the colon and rectum always presents a state of inflammation. The bowel in many cases being entirely denuded of its mucous membrane having been sloughed off, leaving the other coats of the gut involution. Not unfrequently altered. In fact we have ulceration more frequently than in any other disease except perhaps, Dyspeptic fever or acute or chronic enteritis. And I suppose from the best authority, we sometimes have the whole varieties of the bowel involved though the serous coat is scarcely ever involved.
Sometimes there is some severe leision of the liver in this disease. Of the causes, much has been written. I deem it therefore unnecessary for me to give here a long dissertation on the subject. And will only mention a few of the most important. In climates where there is sudden changes from hot to cold and from cold to hot, one may expect to see much of this disease. One of the most common waking causes to cold and dampness exposure to the windings of night together with indigestible food. Particularly in children. In children some of the more common causes are worms in the alimentary canal, and eating is not infrequently united among the allergic causes.
Treatment.

When I submitted to early treatment, dysentery did not so intractable as some would have it be. A practice proposed by Dr. Sennett and recommended Dr. Watson in his work on the practice of medicine. It is a course which he thinks the only one of true 1st bleed, truly. If the patient can bear it afterwards can and be on the tender part of the abdomen. There is much discrepancy of opinion among practitioners in regard to the administration of mercury in dysentery. Sir James McGregor has given the distinction which we think should serve us in the administration of this remedy. He says when mercury proves so highly useful in dysentery it is when the disease is complicated with disease or arrangement of the liver where
There is acute pain over the region of the liver, yellow skin and conjunctiva. Also a
heaving dragging pain in the right shoulder
when the patient lies on any side on the
right side, with such symptoms let the
physician not hesitate to give Colome
Dr. McGregor. Further adds that mercury
when given in the unmarried stage of the
disease before delusion, that it will act
as much harm and furthermore in the
advanced stages particularly, when there
are signs of the fever of even with delirium
of the intestine it will invariably hasten
the disease to a fatal termination. In some
cases particularly in the miasmatic region,
bleeding may be indispensable, that is general
bleeding. It is of course Barry meeting that
the practitioner should pay strict attention
to the pulse and constitution of the patient.
There is scarcely any case where local dephlegmation is contra-indicated in the beginning of the attack. In the treatment of this disease, when there is great tenderness during pain in the lower bowels, with constant inclination to go to stool. The physician must be on the alert for the distressing crop of the patient and his constant efforts to get relief. May be aroused to the indiscriminate use of opium, the use of which in dispensing quinine, the utmost caution until the violence of the inflammation is subdued. It will allay pain and quiet the sufferer. But in doing it will mask the more serious symptoms and lead the physician into error flattering himself that he is mastering the disease. While the disease is working death in secret, and fatal disorganization. Now is the result. However, after death.
until itOpera
tion. When the result is

generally good, we have found this treatment

to prove successful in some of the more

acute forms of the disease. In fact we have

never known a failure given in almost

any form of the disease. After the bowels

have been cleared by the cathartics then

we would use injections of Starch and

cardamom.

Local remedies are highly important in the

treatment of Dysentery, coaching and coughing

when there is abdominal tenderness. After

this we would use warm Cataplasm. The

warm Mustard Poultice shriveling over

Capsicum we think would answer a very

good purpose. However if severe or any

fever I would leave out the Capsicum

If there was extensive inflammation I

would not hesitate to blister the incisions
if there be much gastric symptoms. In fact
if there is violent vomiting, we think it
very essential, we have before spoken of en-
zyme but we think it will not be out of place
to mention it here. We think that injections
of lead and mucilage contribute largely
to the arrest of the distempering symptoms. Or
one or two grains of his in with eight or ten
grains of spirit of lead dissolved in water
a good emetica.
In Acute Dysentery we would not think
it philosophic to bleed provided the patient
could bear it. After giving stimulants of
these we would prefer Balsam Oil and
Turpentine. Leaking and Coughing may
also be resorted to.
In Chronic Dysentery it becomes necessary to
give tonics and Stimulants, such as Wine,
Guineas and Opium may be used with great advantage. Eggs, beef tea, animal broth, any of these may be given to support the system, but in the earlier stages of dysentery nothing but the most bland articles should be used. Muelage, rice, water and arrow root are the best. Combining these, patiently to famine diet until convalescence then we may allow more nourishing food, such as animal gelatin, eggs, half cooked. Oehri soup, and boiled rice taking our measure to eat to satiety.

We think it unnecessary to add more, having probably already exhausted the patience of our readers. We conclude therefore by forwarding our respects to each member of the Faculty respectively.