



AN

INAUGURAL DISSERTATION

ON

Dysentery

SUBMITTED TO THE

PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY

OF THE

UNIVERSITY OF NASHVILLE,

FOR THE DEGREE OF

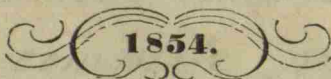
DOCTOR OF MEDICINE.

BY

Benjamin Byrd, Smith

OF

Mississippi



1854.

CAMERON & FALL,

PUBLISHERS OF THE MEDICAL JOURNAL, BOOK AND JOB PRINTERS, NASHVILLE, TENNESSEE.

Dysentery or Flux

For much of the following, I am indebted to the lecturer and Author. Mine are but opinions deduced from the experience of practicable men consequently, I do not claim much originality. But I believe every medical college has made it a duty incumbent upon each student, who applies for the degree of M. D., to write a dissertation upon some medical subject, and in obedience to this rule, I offer you a short discourse, on Dysentery, as it prevailed in Mississippi during the summer of 1852-3

The premonitory symptoms were of short duration, pain in the rectum with fullness, and an urgent desire to evacuate the bowels. The evacuations very nearly natural, varying in consistency only. These evacuations usually giving almost complete relief, which is of short duration. In a short time the patient is again forced to go to

The indisposition is so slight, that were it not for the flux, or unnatural discharges, the patient would not complain of any indisposition.

But in the more malignant form there is loss of appetite, lassitude, fever, prostration with acute tenesmus, and frequent small serous stools mixed or streaked with blood, and green bilious matter with tenesmus, which is very great during the evacuation. The pulse is usually small in volume, and frequent, varying in proportion to the amount of fever.

The skin is usually soft and cool. Sometimes free perspiration but not natural, rather cool and clammy.

Such are the most prominent symptoms. The usual duration of the disease, is from six to twelve days.

Though when it assumes a malignant form, it may continue a much longer period with frequent changes, indica-

-ting an improvement in the condi-
-on of the patient, flattering the Physi-
-cian, friends, and patient, with a
hope of recovery. But this delusive
hope is lost by a sudden return of
all the symptoms, in an aggravated
form, which terminates frequently and
speedily in death.

In studying the pathology of this
disease, we must look to the large
intestines alone, for when it is in
its original and simple form it is
there located. Any other morbid action
being secondary.

In some post mortem examinations the
rectum and colon are found covered
with ~~ulcers~~ ^{ulcers}. These ulcers extend from the verge
of the anus to the ileocecal valve, vary-
-ing in size from not larger than a
mustard seed to the size of a squirrel
shot, having everted edges. From these
ulcers proceed the hemorrhage.

The mucous membrane is usually of a

healthy appearance. Though in some instances, evidences of inflammation, have been found extending through the colon into the small intestines.

The Diagnosis is not usually very difficult, and not liable to be mistaken for any other disease, unless it be Diarrhoea which it resembles slightly. But it may be easily distinguished from it by comparing the pathognomonic symptoms. They may both be accompanied by gripping pains, tenesmus, with frequent discharges.

In Diarrhoea the discharges are usually large and foecal. Again straining, tenesmus, and the excretion of mucus, form no necessary feature in Diarrhoea. Whereas in Dysentery, these symptoms are prominent and constant.

The Prognosis is very difficult, and should be given with the greatest caution. When the discharge of blood and feculent matter is large, or all

blood mixed with a small proportion of mucus, without fever, and with but a small amount of prostration, with no pain during the interval of the discharges, the patient will usually recover, in from four to six days.

But when the pain is more or less intense, with serous and mucous discharges, mixed or streaked with blood, and with an entire absence of bilious matter, with fever, pain in the back, and with great prostration and intense tenesmus, the discharges, small and painful, the chances for recovery are extremely doubtful. But should the discharges become dark and bilious, with an abatement of the morbid symptoms, and a diminution or an entire cessation of the bloody discharges, and the unfavorable symptoms should not return, the patient will generally recover.

But if the morbid symptoms continue with bilious discharges, varying from a dark green,

-to a more watery appearance, with a small quantity of blood, the chances for recovery are not so good. This form of disease, frequently becomes complicated with a low grade of fever, partaking of a remittent-typhoid character, when this complication supervenes, on a continuation of the other morbid symptoms, the prognosis is not usually very difficult, for death is inevitable in almost every case. No age or sex seem to be exempt from this disease. The disease seems to be more fatal to children under four years of age, than in older persons.

But few children under the age of four years, recover from a malignant attack of Dysentery when fever appears as a premonitory symptom, they almost all die.

They are not as apt to recover as those of a more vigorous constitution, whose systems are not impaired by age, neither are they subject to be influenced by the irritability of system peculiar to infants.

Pregnant females frequently suffer extremely

the disease often producing abortion.

Dysentery has visited persons in every condition of life, the high and the low the black and white old and young, are alike subject to it.

Cause. A predisposition to Dysentery, is produced by the continued influence of heat, augmenting the excitability of the alimentary mucus membrane, and relaxing the surface of the body, so as to make it more susceptible to the influence of cold.

Cold with moisture, seems to be an exciting cause. Hence persons exposing themselves to the damp night air, are liable to contract the disease, by checking the perspiration, and directing the excitement inwards upon the mucus membranes.

Substances directly irritating in their action on the bowels, are often exciting causes. But, the most potent, in epidemic Dysentery, is a poison existing in the atmosphere, prostrating numbers at the same time, with the disease in

its most malignant form.

Treatment. In the treatment of Dysentery, a great variety of remedies have been employed, and very different remedies have been found successful by different practitioners, under different circumstances.

The indications of treatment in this malady, are it seems to me threefold.

First, to arrest inflammatory action. Secondly, to arrest the flux, or the frequent and painful discharges. Thirdly, to endeavor to relieve the pain. I do not believe the profession has yet been fully able to controul, or arrest the morbid action, by any system of treatment.

I believe, the most effectual mode of meeting the first indication, is by emollient enemata, and the saline purgatives.

Large emollient enemata, have been recommended by practitioners of eminence.

They, undoubtedly, afford occasional relief, by diluting the acid fluids of the inflamed membrane.

And when composed of demulcent materials, in some measure protect the inflamed surface. But, they sometimes, cause pain by distension, thereby irritating the inflamed rectum mechanically.

When found to give comfort to the patient, they may be continued daily, or several times during the day. Warm water alone, or a solution of starch and water, with laudanum.

Large quantities of Laudanum, may be thrown up the rectum at one time. (a hundred drops.) Cold water injections, frequently administered, have been highly extolled by some practicable men.

Castor oil, and oil of turpentine, in the proportions of one ounce of the former, to one drachm of the latter, have been given, with decided advantage to the patient, by many practitioners. Indeed this mixture is considered one of the best-purgatives that can be given in Dysentery, from the mildness of its action upon the bowels.

It may be well to follow the oil and turpentine with ten grains of blue mass, with from five to ten grains of Dover's powder, to be again followed by the oil and turpentine, if the discharges are not bilious, and continue to remain so.

Almost any purgative remedy, that has not a tendency to act particularly upon the large bowels will answer.

A great many patients, on large plantations, are treated with oil and turpentine and Laudanum or Morphine, with the happiest results. There seems to be, an entire want of action in the small bowels, which is very evident. Because, when the action is established in them, it is indicated by the large amount of bilious matter discharged, from the action of remedies. There is almost always, an evident amelioration of the disease.

The discharges of blood, cannot be controlled by the action of astringents.

All remedies proposing astringent-prop-

-entia only, are of but little service in the cure of this disease.

Astringents and emolient-enemas, are of doubtful efficacy, frequently being instantly discharged from the rectum, causing very great pain, and when ejected, are not followed by the amount of relief, that we would suppose, from the known efficacy of such remedies.

The discharges of blood or serum are very apt to diminish, upon the appearance of the bilious matter in the stools, and will be more, or less, in proportion to the greater or lesser quantity of this matter discharged. For the relief of pain, and controlling the action of the bowels, there is nothing better than opium, warm mush poultices, wet with laudanum, or black drop, or a solution of morphia, as an external application wetting the poultices occasionally with turpentine.

The action, of these remedies, may be aided by cups and leeches, cups