

AN  
INAUGURAL DISSERTATION

ON

*Dysentery*

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# Dysentery

Inflammation of the colon and rectum. Dysentery is characterized by small mucous or bloody discharges, griping pains tenesmus and straining at stool. The disease may be acute or chronic.

Acute dysentery is preceded by lassitude general uneasiness, impaired appetite costiveness or diarrhea and other evidences of intestinal irritation.

A simple case of dysentery may run its course without fever. The local and febrile phenomena commence sometimes simultaneously; the patient is attacked with a chill

the moment that he feels pain and tenesmus. At other times fever precedes for a considerable time any evidence of disorder of the bowels.

In such cases the dysentery is usually an attendant on other affections. Different cases of dysentery are characterized by various grades of severity; from a very slight affection of the rectum and colon unattended by fever running its course in four or five days into one of the most violent and dangerous diseases to which man is liable. This diversity may depend on the activity of the cause the susceptibility of the

patient or upon the degree in which it is simple or complicated. In the beginning of a case of simple dysentery there are usually griping pains in the abdomen irregular in their position and periods of recurrence, and accompanied by discharges from the bowels by which they are partially relieved. After a short time a sense of weight or other uneasiness is felt in the rectum with a painful and frequent desire to go to stool, without the ability to evacuate more than a little bloody mucus. This feeling of tenesmus increases and at length becomes the most

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prominent feature of the case; the pains of the abdomen appearing to concentrate themselves in the rectum. The calls to stool are very frequent, and in some cases almost incessant attended with much straining, so much so that prolapsus ani has been known to be produced and followed by only partial relief. The discharges often occasion a pain in the anus which causes the patient to dread their return. The passages are seldom less than a dozen in twenty four hours and according to professor Wood of Philadelphia have

been known to amount to one and even two hundred.

After the first few evacuations which are more or less fecal the discharges are very small, and consist of mucous or mucous mixed with blood and sometimes almost pure blood. As the complaint advances with these sometimes a little vitiated bile and shreds of false membrane or small masses of coagulated hardened matter are occasionally intermingled and in some instances small masses hardened feces are discharged.

Frequent evacuations are almost always followed by considerable

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relief. At the commencement of the disease the discharges have but little odor but after a time they acquire a disagreeable one quite distinct from the feculent and almost peculiar to dysentery. The bladder and urethra sometimes sympathize with the rectum and along with the tenesmus there is difficult micturation. In females the vagina also participates in the same irritation. The abdomen is more or less tender and the extent of the inflammation may be traced by ascertaining in what parts pain is produced on pressure. If there is pain in the right side and

across the epigastrium there is reason to believe that the inflammation has reached the transverse and ascending colon, and that the whole of the intestines are inflamed.

There is always fever except in very mild cases.

The pulse is accelerated and usually full and forcible, the skin warm and sometimes hot and dry, the urine scanty, the tongue moist and covered with a white fur. The liver is generally inactive. In severe cases the patient feels an indescribable feeling of hollowness or sinking of the abdomen attended by a damp and cold



skin a feeble pulse and sometimes nausea and vomiting. This condition soon passes as acrid secretions descend. In the form of the disease above described vomiting is extremely rare.

In a majority of cases the disease takes a favourable turn between the sixth and tenth day and the patient recovers.

Sometimes from the extent and severity of the inflammation symptoms of depression appear in the beginning of the disease and the system never reacts.

The nervous system yields to the violence of the first shock and cannot react under the constant

violence of the disease.

The patient throughout has a very small and feeble pulse cold and clammy skin incessant discharges and tense and tumid abdomen with great pain on pressure.

Such cases prove fatal in a few days. According to professor Wood danger accrues from the continuance of the disease beyond a week or ten days. If the symptoms do not give way by that time, they are all apt to become aggravated. The temperature and tormina increase, the abdomen becomes swollen and more tender, the pulse weak and more rapid, the tongue

acquires a brownish appearance  
or throws off its fur and becomes red,  
smooth and sometimes gashed;  
the patient is weak and very  
restless, the stools are more  
copious and offensive and  
consist of puruloid matter;  
and are sometimes nothing  
more than bloody serum.  
After the worst of these symptoms  
the patient may recover, though  
convalescence is usually tedious  
and the case frequently turns  
into the chronic form. Should  
the result prove unfavourable  
the extremities become cold with  
a cool clammy state of the skin  
a livid or purplish hue about the  
nails a very irregular frequent

and feeble pulse vice versa, involuntary stools delirium, and death closes the scene.

### Bilious Dysentery.

In most cases the bilious secretion is diminished, but in the simple form of the disease, this may be considered as the result of the colitis, in like manner as the dry skin and scanty urine. The disorder of the liver and stomach occasionally attend the disease from the beginning. The complaint under these circumstances is called bilious dysentery. It is characterized by frequent vomiting, yellowness of the skin, conjunctiva and urine, a higher degree of fever

and either entire absence or a morbid increase of the biliary secretion.

This form of the disease is frequent in tropical climates and adds very much to the danger and violence of dysentery.

Adynamic Dysentery.

This form of the disease occurs in persons exposed to various depressing causes as in ships and marching, armies in which exposure to wet and cold unwholesome or insufficient food combine with a contaminated atmosphere to prostrate the vital powers and vitiate the blood. The same influence is exerted by epidemic conditions of the air. Under these circumstan-

- ces along with the symptoms  
of the <sup>form</sup> simple in an aggravated  
degree are those of malignant  
typhoid disease, such as nausea  
and vomiting; great thirst a  
foul brown or black tongue  
sordes about the teeth, a dusky  
skin sometimes hot sometimes  
cold and occasionally marked  
with dark livid spots, an  
irregular feeble and very frequent  
pulse. The discharges are of a  
brown or black colour, more  
copious than in the simple  
form of the disease, and  
exceptionally fetid or large hem-  
orrhagic evacuations, consis-  
ting of altered uncoagulable  
blood, great prostration of

Strength even from the begin-  
 -ning, evidences of nervous  
 disorder are present as anxiety  
 headache low delirium and  
 stupor. In all cases the danger  
 arising from the colitis is very  
 much increased by complication.

In the worst cases of this  
 form of the disease it proves  
 fatal in few days.

Intermittent and Remittent Dysentery  
 Dysentery is occasionally associated  
 with other diseases. During the  
 epidemic intermittent and remittent  
 fevers the disease occurs as a  
 distinct one more or less modi-  
 -fied by the prevailing atmos-  
 -pheric influence or in com-  
 -bination with the proper

miasmatic fever. The colitis may come on as a mere accompaniment of the fever, after it has continued a greater or less length of time; or it may at first occur and the miasmatic fever set in afterwards.

Great <sup>difficulty</sup> is presented when the fever and the dysentery occur simultaneously or the fever is the last to make its appearance in determining the nature of the case. Usually such cases may be distinguished by the fever becoming aggravated at a certain time every day or every other day and in the interval either relaxes or entirely intermits. During the paroxysms.



there is more flushing of the face  
 headache, general arterial excitement  
 and nervous disorder, a tendency  
 to delirium as usually attend an  
 attack of simple dysentery and  
 the occurrence of perspiration du-  
 ring the subsidence of each par-  
 -oxysm is an almost certain  
 symptom of miasmatic fever.

### Typhoid Dysentery

Dysentery is sometimes associa-  
 -ted <sup>with</sup> typhoid fever. The symp-  
 -toms in typhoid dysentery are  
 essentially the same as in  
 adynamic dysentery. Dysentery  
 may coexist with gastritis,  
 enteritis and various affections  
 local or general in which cases

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The symptoms will be modified  
by combination with those  
of the associated affection.

## Prognosis.

Dysentery is about to terminate  
favourably when the pains  
become less frequent and severe,  
the tenesmus diminishes. The  
stools assume a <sup>appearance</sup> fecal or bilious  
and are more copious and  
less frequent and at length  
nothing remains but a slight  
diarrhea which soon ceases.

A sudden cessation of tormina  
and tenesmus, coldness of the  
extremities a livid hue about  
the nails, a feeble pulse a

clammy skin, hicough,  
 delirium, involuntary stools,  
 and stupor are symptoms of  
 the most unfavourable kind  
 and together portend a speedy  
 and fatal termination.

### Anatomical Characters.

The mucous membrane of the  
 rectum and lower portion of  
 the colon always exhibit  
 evidences of inflammation in  
 cases of death from dysentery.  
 It is reddened, thickened and  
 sometimes ulcerated.

The inflammation occasion-  
 ally extends from the rectum  
 to the small intestines and even

to the stomach. In some cases the ulceration extends beyond the mucous membrane and involves the whole of the parietes of the bowels except the peritoneal coat. The liver is frequently diseased in dysentery, tropical climates. The mucous membrane in some instances is in a state of mortification and in others when not mortified is of a dark purple appearance.

### Causes.

Substances directly irritable in their action on the mucous membrane of the bowels as ~~an~~ unripe fruit in large quantities vegetables difficult of solution in the stomach;

indeed indigestible food of all kinds, acrid and imperfectly fermented alcoholic drinks such as weak wines and malt-liquors, putrid water, drastic purges, worms and other accumulations in the large intestines. Hardened feces have been supposed to be a cause of dysentery. Exhalations from putrid animal substances and vegetable miasmata are causes that produce the disease. The continued influence of heat disordering the liver; also Cold combined with moisture are powerful causes of dysentery. It sometimes prevails epidemically.

and is believed not to be contagious. In miasmatic countries I have known whole sections afflicted by its ravages. The typhoid cases dysentery are the most fatal.

### Treatment.

In a simple case of dysentery nothing more will be required than to evacuate the bowels by cathartics, cleanse the stomach of all acrid accumulations of any kind as shown by epigastric oppression, nausea, eructation of bile and frequent and ineffectual efforts to vomit, by emetics the best for the purpose is the ipecacuanha. The nervous disorder should be

quieted by anodynes. The patient should abstain from all kinds of food for at least four days. The best cathartics in this case will be the sulphate of magnesia *oleum ricini* or Calomel. The best mode of administering the medicines in the beginning of the disease will be to give a large dose of the sulphate of magnesia and after it has evacuated the bowels to administer one or two grains of Calomel to stimulate the liver and produce a healthy secretion of bile. If the case is attended with febrile excitement a hard full pulse a hot skin there will be very

much benefited by cloths dipped  
in cold water and applied  
to the forehead. I have known  
patients to be very much improved  
by partaking of large quantities  
of ice. The ice cools the  
stomach and intestines and  
has by its coldness a tendency  
to prevent or retard inflammation.  
An enema of starch and lauda-  
num made cool by ice  
should occasionally be administered.  
Bleeding is frequently indicated.  
One bleeding will generally be  
sufficient. If the symptoms  
remain unabated, the bleeding  
should be repeated until a decided  
impression is made.  
Under this treatment in an



uncomplicated case of dysentery, the patient will usually recover in a week or ten days.

During recovery he should be allowed food in very small quantities until a week or two has elapsed or he has recovered a good deal of his former strength. When the inflammation extends as far as the caecum it has been recommended by one of the professors of the Nashville College to give a pill composed of blue mass aloes and scamony, each half a dram gamboge ten grains to be made into twenty pills, two pills to be given at a dose.

According to professor Wood of the university of

Pennsylvania drastic cathartics should never be given in this affection, he says that they produce more harm by irritating the inflamed mucous membrane than good by evacuating the bowels. At the beginning of the disease it is generally proper to obtain a brisk cathartic effect and then be satisfied with sustaining a gentle peristaltic movement so as to keep the bowels free from irritating accumulations. The bilious variety requires a more energetic employment mercurial remedies. Calomel has been given in doses of fifteen or twenty grains daily or five grains three or four times a day.

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until some impression is made  
on the disease or the mouth, in  
the severer cases of this kind.  
In the remittent or intermittent  
form of the disease the same  
kind of treatment should be  
pursued as in the common form  
together with remedies to prevent  
the return of the paroxysm  
the best for this purpose will  
be the sulphate of quinia.

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