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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

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# Dysentery.

Syn. Inflammation of the Large Intestines. Colitis. Colo-rectitis.

Bloody Stool.

In different cases of Dysentery, we are presented with regular gradations of severity, ranging from a very slight affection, involving only a small extent of the Rectum and Colon, to that of one of the most violent and dangerous diseases to which mankind is subject.

Dysentery may be acute or chronic.

Acute Dysentery may occur with or without premonitory symptoms, in the former case we have great uneasiness or restlessness, lassitude, impaired appetite, dull or transient pains in the abdomen, and general castiveness,

though we may have diarrhea; some-  
times it will run its course without fever,  
though these are very mild cases and  
scarcely deserve the name of Dysentery,  
and it generally passes off in a few days;  
on the other hand, the fever and local  
symptoms commence almost simultaneously.  
On the beginning of the attack we  
generally have griping pains in the  
abdomen, technically called *Formina*.  
They are very irregular in their situation  
and severity and are generally fol-  
lowed by a discharge from the bowels,  
by which they are somewhat relieved  
for a short time; immediately after  
the discharge there is a sense of weight,  
burning, or other uneasiness about the  
rectum with a painfull and almost  
constant desire to go to stool, without

being able to void anything, or if any-  
thing, nothing more than a little blood  
or bloody mucus. There is very violent  
straining which occasions a disa-  
greeable, painfull sensation of the  
Anus, sometimes followed by  
Prolapsus-Ani. There is seldom less  
than ten or fifteen discharges in  
twenty four hours and not very rarely  
thirty or forty, and we have cases on  
record of two hundred. In all of this  
vast amount of discharges, there is  
none or scarcely any fecal matter  
discharged, save in the first one  
or two which are not unfrequently  
mingled with it; they consist principally  
of a whitish or gray mucus with  
streaks of blood with it, though  
sometimes it is nearly all blood.

As the disease advances there is some bile with little coagulated masses of matter, and not infrequently some little hard lumps of feces, technically called Scybala, from their being rounded like a nut or marble; at first the discharges have little more than the usual smell, but they soon acquire an odor almost peculiar to Dysentery. When there is tenderness in the left Hypogastric region, we know that there is inflammation of the descending colon, and also when there is soreness in the Epigastrium and right Hypogastric, we know that the whole length of the large intestines is involved in the disease.

The pulse is accelerated and full.

The tongue is generally coated with a

whitish fur; the skin is hot and dry; the urine is scanty and sometimes accompanied with painfull <sup>micturition</sup>. In the great majority of cases the symptoms take a change for the better by the tenth day, and the patient slowly recovers; sometimes however the extent of the inflammation is so great that symptoms of depression occur almost at the outset from which the system never recovers. The patient has a very small, feeble, and frequent pulse, a cold and clammy skin, with anxious and sunken features, under the eyes and around the finger-nails there is a blue or purplish appearance, in such cases all the symptoms are generally aggravated; the tenderness is increased with almost incessant

discharges, tense and tumid abdomen; when such is the condition of the patient, he generally dies in three or four days, though sometimes the symptoms are not so much aggravated and the patient may live several days, such cases are very rare, but when they do occur they appear to be almost entirely unmanageable and lead their own way to a most distressing death. I before stated that the disease was apt to give way or at least to get better by or before the tenth day; it does not always do so, and its failure to do so is one of the most unfavorable symptoms in the disease, for all the symptoms are almost certain to become aggravated. The tenesmus becomes very severe, the abdomen tense and tumid;

the pulse quick and feeble, and the patient will not unfrequently remain in a very critical condition for some time, though if none of the vital organs become seriously implicated the patient is apt to recover after suffering with this disease so long. Convalescence is very slow, I think that I may say slower than in any other acute disease without the least fear of contradiction. But some cases unhappily do not even take this slow process of healing, but their tendency is all the time downwards and are apt to assume a chronic form. The above are the symptoms most commonly observed in Dysentery. Different epidemics however are sometimes characterized by very different symptoms. I have,



for instance been for the last two years observing an epidemic Dysentery prevailing in the portion of Middle Tennessee in which I have been living, in which during the second week the dysenteric symptoms were, in grave cases, most usually lost in what was commonly called Billious Diarrhoea, characterized by discharges of a dark, dirty color, apparently Billious, accompanied by more or less tenesmus or tormina less violent and distressing however than during the existence of the sanguino-mucous discharges; with very frequent pulse. Tongue is usually loaded with more or less bilious coat on the dorsum, with most generally fixed tip and edges; frequent nausea and occasional vomiting, with

tenderness of almost the whole extent of the large bowels and not unfrequently extends over the entire abdominal region. All the symptoms most usually increasing in severity during the progress of the day with slight remissions in the morning. The above symptoms would, in some cases go on for weeks, in others there would be an alternation of dysenteric symptoms with the Diarrhoea. At an uncertain and indefinite period, in the more favorable cases, there would be a diminished number of discharges, with a modification of the violence of the other symptoms, auguring a slow and protracted convalescence. In cases less favorably inclined however

the symptoms would go on to waste away  
the patient, with occasional glandular  
enlargements, most usually in the neck  
about the angle of the jaw, indicating,  
as I supposed an extremely vitiated  
condition of the liquids. Such  
glandular enlargements, however, where  
they did occur, which was in a small  
proportion of the cases, were usually  
marked by a short truce in the symptoms,  
which was however, so far as my  
observations has gone, invariably of  
short duration, the patient sinking  
soon afterwards. In the fatal cases,  
where the glandular enlargements  
did not occur the patient would  
go on to extreme emaciation, and  
sink at last under the debilitating  
influence of the Diarrhoea.

There are several forms of acute Dysentery, such as Billious, Adynamic, Intermittent, Remittent, and Typhous. I think it necessary to speak of these because it is customary to speak of so many kinds of Dysentery, but I think it unnecessary to treat of them separately, because I do not believe in treating any disease by its name, but by the symptoms as they make their appearance; so I should treat the Dysentery the best I could, and if any other symptoms made their appearance I should treat them. As to the Billious Dysentery, I object to it more than any of the rest unless you term all cases Billious, for there is nearly always a vitiated state of the secretion of the Liver, which is shown by the tongue.

Prognosis. The Prognosis must vary with the intensity of the disease and the concurrent circumstances under which it occurs; this must be evident to every practitioner who has met with much of this disease, from the fact that sometimes he finds it easily managed and nearly all get well, but at other times his remedies seem to have no effect, he has no controll over the disease and a large number will die, in defiance of all he can do. These different effects are noticed by the Physician who remains for a length of time at a certain locality, but are not so manifest to one who frequently changes. In general it is more unfavorable in hot and

Miasmatic regions than in colder ones. In warm climates it is frequently complicated with disease of the Liver and Spleen. One of the most fatal complications in the East Indies, according to Mr Swinring, is disease of the Spleen. Sir James McGrigor examined twenty cases that died of Dysentery in the East Indies, and found the Liver diseased in sixteen of them.

We have very frequently cases of Sporadic Dysentery, these however, are not to be feared near so much as the Epidemic, but as I have said, we must make our prognosis according to the intensity of the disease. In general, in Epidemic Dysentery the symptoms are much more aggravated than in the Sporadic. In the Dysentery

Epidemic which prevailed in Edinburgh in 1828, Dr. Christison considers the mortality in eighty cases to have been one in four. At the military hospital at Namur, in 1831, out of one hundred and seven cases, twenty six died, or nearly one in four.

In the Peninsular war, the change in the same person from Intermittent fever to Dysentery was sometimes common, and when the diseases were combined they were very fatal. When Dysentery is about to terminate favorably, the pains diminish both in frequency and intensity; the other symptoms also gradually improve; the stools are less frequent and more copious, and gradually assume a fecal character; they continued to be less

and less aggravated until it terminates  
in health or more generally in  
Diarrhoea. On the contrary when it  
is likely to terminate unfavorably,  
in a short time we generally have  
a sudden cessation of the tormina  
and tenesmus; the extremities become  
cold and not infrequently the  
patient is bathed in a cold pers-  
piration; the pulse is very feeble  
and frequent; hicough; ~~involuntarily~~  
discharges from the bowels.

Death may result in several ways  
in Dysentery; from a failure of the  
vital powers brought on by the in-  
tensity of the irritation; from the  
continued wearing and debilitating  
effect of the discharges; or from  
gangrene. The longer this disease



continues, the more unfavorable is our Prognosis; and in some rare instances they are said to die from Peritoneal inflammation caused by the escape of the contents of the bowels into the peritoneal cavity. —

### Anatomical Characters.

As the principal Anatomical peculiarities of this disease are in the large intestines, I deem it proper to say something of the Anatomy of them. The large intestines are about five feet long, and are divided into three parts, Caecum, Colon, and Rectum. It is composed of three coats, Mucous, Muscular, and Peritoneal. The mucous membrane is the one which most particularly concerns us now. The mucous membrane of the rectum and

Lower portion of the colon is always inflamed in fatal cases of Dysentery; it is much reddened, thickened, and frequently ulcerated; The ulcers are generally small and round, though sometimes we see them large and irregular from the confluence of the small ones, the edges are abrupt and very vascular, though they are covered with a concrete exudation, somewhat resembling a slough; in some cases we have almost a complete false membrane formed by plastic matter, upon the removal of which the bowel appears tumefied and red, but without any loss of continuity; The ulceration is most usually confined to the mucous membrane, though it may involve the muscular coat, and sometimes the

peritoneal coat is ulcerated. We have some cases on record where the ulceration extended through the bowel and their contents emptied into the cavity of the peritoneum. Dr. Wood says, that in protracted cases the mesenteric glands are enlarged and softened, though seldom, if ever in a state of suppuration; he also says, that in some instances evidences of inflammation have been seen extending throughout the Colon, into the small intestines, and even to the Stomach. We find the Liver more commonly affected in this disease, than any other organ save the large intestines. Out of twenty five fatal cases examined by Dr. Parkes in India, seven were found affected with hepatic abscesses, and

about the same proportion has been found by the investigations of others.

### Causes of Dysentery.

Dysentery may very justly be attributed to various causes; but in Epidemic Dysentery we must look more to atmospherical vicissitudes, than to errors in regimen. Heat is a great predisposing, if not an exciting cause; it increases the excitability of the Mucous Membrane of the Alimentary Canal, disorders the Hepatic system, relaxing the skin so as to render it much more susceptible to the influence of exciting causes, under these circumstances Cold is very likely to bring on an attack of this disease.

This, I consider, is a very satisfactory explanation of the frequency of the Dysentery among persons exposed to

the scorching rays of the sun, during the day and then to the cold, damp dews of night; during the day the action of the skin is very great, and at night when exposed to the cold, the pores of the skin are stopped up so that the action is directed inwards, and hence its liability to act upon the Intestines. The Hepatic secretion is arrested and hence congestion of the Portal Circles, and consequently congestion of the mucous membranes of the bowels, is the result. Although Dysentery has prevailed in every season of the year, yet it is much more frequently met with in the summer. In the United States Army it has been observed that the ratio of this disease in the third quarter of the year is more

than three fold that of the first, and more than twice that of the fourth quarter. Dr. Ozaman has collected the history of fifty Epidemics dysenteries, which occurred in Europe, from which we learn that of this number, thirty six occurred in summer, twelve in Autumn, one in Winter, and one in Spring. These reports, with many others that I might adduce, prove very clearly that heat has a very great influence upon it. The influence of Ingesta, either improper in themselves, or by excess, frequently caused Dysentery, substances, directly irritant in their actions on the bowels, are often exciting causes. Unripe and Acid fruits, unwholesome and indigestible food of all kinds, taken in large quantities, may well be mentioned

as exciting causes. Impure water and drastic purges are very commonly causes of this affection. A diet of salt meat has been productive of Dysentery in different parts of the world, among the English troops, and likewise in the Navy. The question, has been much agitated, whether or not Dysentery is a contagious disease. A contagious origin has been attributed to it by Practitioners and writers of great reputation; but I think without any good reason. I do not believe that any observing and sensible man can look to the peculiarities of a contagious disease, and compare them with Dysentery, and candidly say that it is contagious. In proof of which the Profession is now almost unanimously agreed that it is noncontagious.

Dysentery, unlike many other diseases attacks all ages and sexes, indiscriminately; but if any class is more liable to be attacked than any other, it is probably owing to their greater exposure to the causes producing the disease.

### Treatment.

In the Treatment of Dysentery, if the patient is seen during the stage of congestion of the mucous membrane of the bowels and before inflammation has commenced, a stimulant by which the mucous membrane would be enabled to relieve itself of its engorgement, will frequently cut the disease off at once, by determining to the surface. Sinapisms, Opium or Brandy would perhaps fulfill this indication. The practitioner should however be very certain that inflammation



had not commenced, before using either of the last two. After inflammation has commenced, and there is much febrile reaction, early bleeding should be resorted to, and in bleeding for Dysentery one should bleed for effect. Depletion carried to approaching syncope will not infrequently be soon followed by a fecal discharge, thereby unloading the bowels at the same time that it reduces arterial excitement, fulfilling at once, two very desirable indications. Should the first bleeding prove inadequate, it should be repeated again and again until the violence of the disease is abated, if the strength of the patient will admit of it. If the bleeding is not followed by a fecal discharge from the bowels, they should

be at once evacuated thoroughly, and for that purpose I would prefer the Saline cathartics, as they are cooling in their effects upon, and locally deplete the inflamed mucous membrane. Should the case have progressed too far for the use of the Laxative, before the patient is seen, which is not uncommon in Country practice, if there is strength enough left and the bowels had not been evacuated, I would give the salts. After sufficient depletion and a thorough evacuation of the bowels, Opium should be freely given combined with a sufficient amount of Spicae to determine freely to the skin if possible, without suddenly exciting the stomach. Opium, thus used, after sufficient depletion and evacuation of

the bowels, is an invaluable remedy, and I had almost said, indispensable in the Treatment of Dysentery; but it should never be used before, unless in the primary stage of Congestion.

Where general depletion has been carried as far as is safe, and the inflammation is not arrested, local depletion should then be resorted to, leeching, cupping, warm fomentations, or the hip bath, continuing to alternate the Saline Cathartics and Opiates as circumstances may require unless the waning powers of the patient should forbid their farther use.

With regard to the use of Mercurials in this disease, there is a great discrepancy of opinion among Practitioners, dependent I suppose upon their applicability in the Treatment of some Epidemics, and

their pernicious effects upon others, owing to the diversity of billious complications in the various Epidemics. The indiscriminate use of Mercurials in the Treatment of Dysentery is far from admissable, it should never be used unless the billiary complications clearly demand it, and then with a cautious hand and not until after appropriate depletion, and in its mildest forms lest it should act as an irritant on the already inflamed mucous membrane. When I desired to use a Mercurial, I have usually found the combination of Blue Mass, Hyoscyamus and Opium, as recommended by Prof Thomas Watson, to act very well. In that form of Epidemic Dysentery above alluded to, followed by Billious diarrhoea,

Mercurials are reckoned inadmissible.  
In Dysentery prevailing in Malarial districts, during summer and autumn, with manifest remissions and exacerbations, after appropriate depletion, Ipecacuanha, appropriately administered during the remissions, is a valuable remedy. It should be followed by Febrifuges during the exacerbations. After the inflammatory symptoms have been partially subdued, if the Tormina and Tenesmus continued, Anodynes and Astringents, as injections, are often serviceable, but should never be resorted to during a high stage of excitement, as they are then positively mischievous. When the bloody discharges are so copious as to rapidly exhaust

The patient, Astringent injections are useful. After the stage of excitement extensive blistering of the abdomen has often a very happy effect; it sometimes becomes necessary to repeat them. Opium and Acetate of lead cautiously administered, are sometimes very serviceable. In the diarrhoea following, Spt. Turpentine, in small quantities, sometimes has a happy effect. Nitrate of Silver, and Subnitrate of Bismuth are sometimes useful under such circumstances. When, in Convalescence, we want a gentle Cathartic, a combination of Rhubarb and Calcined Magnesia answers the purpose very well;