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AN
INAUGURAL DISSERTATION
ON

Dysentery

SUBMITTED TO THE
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Dysentery

The remarks I may offer upon the disease under consideration will be confined for the most part to the acute form of the disease. If I should have chance to speak of the Chronic form at all: It will receive only a passing notice. In treating of the acute form, I will not pretend to give all of the many symptoms that characterize the disease in various countries: And modified by a thousand varied circumstances: But upon the contrary I shall endeavor to give it as it occurs in this country. [Middle Tennesse]

By way of explanation I would state that the few scraps of evidence that I may offer in the prosecution of my subject, are culled from the stems dropped out by others as they pass along, and not from a personal acquaintance with the disease under consideration.

In order that we may rightly understand
The disease under consideration, I
have seen fit to divide it into three
heads, viz 1st Simple or uncomplicated
Form. 2^d Malarial, And 3^d The Typhoid
form. Thus it will be seen that
the division is not an arbitrary one.
I might have divided my second divi-
sion in to two heads. (To wit) Intermitt-
ent and Remittent; But I cannot see
The propriety of doing so. I
cannot conceive of difference enough
to entitle them to separate notice. I
will therefore treat of them under the
Common head Malarial. In this
Country ^{the} ^{general} ^{rule} ^{is} a general rule does not
make its appearance till summer has
rolled up with her intense heat.
But notwithstanding this is true as a
general rule it is not without exception.

The first cases of Dysentery that make their appearance of a given year, are generally mild, in comparison with those cases that come up later in the season: And are generally of the class I have denominated uncomplicated, or simple. They generally run their course without much disturbance of the general circulation. The disease rarely ever continues in this simple form through the entire season. But upon the contrary. The malarial, or Typhoid forms make their appearance, and almost every case that comes up assumes one or the other of these forms: So universal is this that you rarely ever meet with a case of simple Dysentery while the malarial or Typhoid forms are raging.

The simple form is characterized by the following train of symptoms viz Bloody stools or stools mixed with blood & mucous:

Attended with more or less gripping pain in the abdomen: with frequent and painful desire to go to stool. There is a burning sensation in the rectum.

The patient is restless. The appetite is generally impaired. The bowels are generally costive: But not necessarily so, for in some few cases we find diarrhoea. The patient may pass bloody stools, and present the local symptoms for some time before any disturbance of the general circulation is perceivable. or the disease may run its course with but little

or no excitement of the general circulation. In other cases the febrile symptoms present themselves early in the disease. and may be the first symptoms detected. In a majority of cases however, the local and general symptoms make their appearance at or near the same time. In some cases the first symptom is a chill, followed by fever more or less severe. In many cases the desire to evacuate the bowels is intense: without the ability to do so, except a small quantity of blood or mucous or blood & mucous mixed. Sometimes the stools are nearly all uncoagulated blood, at other times mucous predominates. If the patient has a feculent

Stool in a large majority of cases it is passed off in round hard detached lumps. On the contrary the bowels may be lax: but this is not often the case. The discharges have a peculiar odor and often very offensive. The number of discharges vary much in different cases, ranging from ten or twelve to probably two hundred in twenty four hours. The patient is tormented with a sensation as if there were some excrements ready to be dislodged, goes to the night chair and is irresistably impelled to strain violently in order to get rid of the irritation. Sometimes the discharges have a dark colour.

some times tinged with green,
and then red. As the disease
advances small shreds of false
membrane are discharged.

In some very severe cases
portions of the mucous mem-
brane of the rectum are broken
down and discharged. The

Stomach sometimes sympathizes
with the disordered bowels and
nausea and vomiting ensue.

In some cases the patient has
pain and difficulty in micturating.
Urine scanty and
high coloured. Sometimes

there is some little derange-
ment of the hepatic function.

The secretions of that organ
rather scanty. It is thought that
there is a parasimal tendency, or

periodicity in regard to the time of evacuating the bowels being more frequent in the evening than in the morning. In severe cases there is more or less fever the pulse ranging from ninety or a hundred to one hundred and twenty or thirty per minute. In most cases it is full and strong but as the disease advances it becomes more weak, feeble and frequent and is often intermittent. In fatal cases the pulse becomes very small and rapid. The features sharp, the surface grows cold. There is almost always considerable tenderness on pressure over the region of the colon, and especially over the region of the lower portion of the descending colon. This tenderness sometimes extends

over the entire abdomen. Occasionally the fever runs high the pulse becomes hard and frequent.

The skin hot face flush the tongue furred with a white or yellow fur in some cases a dark fur covers the tongue.

When the latter colour ~~marks~~ makes its appearance the tongue is generally dry and harsh. The patient complains of hollowness or sinking sensation in the abdomen, and fullness in the epigastrium.

The patient is now greatly prostrated the skin is cold and bathed in perspiration. The pulse becomes more feeble and thread like. If the case is to terminate fatally the pulse becomes more frequent and small.

It is now reduced to a mere flutter and hardly perceptible at the wrist. The patient is low spirited and desponding. The extremities become cold and death closes the scene. I have now disposed of the most important symptoms that characterize the simple or uncomplicated form of dysentery.

Malarial form. In treating of this form we might enumerate many of the symptoms that we enumerated in our description of the simple form. To avoid such repetition I will give those symptoms that are peculiar to the malarial form and in what respect it differs

from the simple form. In this form the first symptom that we perceive ~~is~~ perhaps a majority of cases is a chill followed by more or less fever followed in a day or two by the bloody stools and other bowel symptoms of dysentery. There is more paroxysmal tendency in this than was described in the simple form. The fever remits and in some cases intermits and the patient prospers at the close of each paroxysm. There is more pain in the head back and loins in this form than is common in the simple and more derangement of the hepatic function than in the simple form. The skin is more discolored

In fatal Terminations The intermissions become less distinct and the fever assumes more of the continued form. The symptoms in the meanwhile becoming more aggravated. The patient passes sleepless or disturbed nights. The skin becomes quite dry and hot with increased thirst. There is more tenderness on pressure over the region of the Colon &c

Upon the contrary in cases where we have a more favourable Termination. The discharges from the bowels are less frequent and assume a more natural appearance. The febrile symptoms are less severe, with more marked intermissions. Patient sleeps quietly and recovery is soon brought about.

²Typhoid. The next and last
division of my subject is the
typhoid form. It like the other
forms has many symptoms
that are common to all the
other forms of the disease.

But it presents some symptoms
peculiar to its self and we
must keep them before us,
otherwise we will be foiled in
our attempt. In addition
to the symptoms that we dis-
cribed when treating of the
simple form we have those
of low and malignant form
of the disease. You will notice
great prostration from the
commencement of the local
symptoms. The stools are
large but not so frequent

as in the simple form and are generally darker. They contain less mucous and more blood than the simple. The stools contain uncoagulated blood and are horribly offensive. Some times a dark sediment resembling coffee grounds may be seen at the bottom of the pot. Nausea and vomiting are common in this form. The patient is more apt to have a feculent stool in this form than in the simple. The stools are generally thin and watery and sometimes contain a large quantity of bile. In some cases the stools resemble the washings of beef. At one time your patient has a hot dry skin,

You see him again bathed in a cold perspiration. The patient may have Chills but if he does he does not have the marked intervals that are found in the malarial form. He may have ~~Two~~ two or more in the day but does not perspire after the chills like in malarial form. Sometimes the head is quite hot then the feet are hot and head cold, now one cheek is red then the other thus changing alternately. The pulse is about one hundred in the morning not quite so high in the evening. Patient hears strange sounds sees strange lights, has a singing in his ears. He sees little motes floating before him.

If you ask him how he is, he will tell you he feels no pain.

His tongue is elongated thick round pointed and tip red the edges are red also. The coat is first white then yellow and gradually gets dark. You see at first some longitudinal dark fissures then transverse ones.

The bowels swell giving rise to Tympanitis. Many small spots are to be seen on the abdomen and sometimes about the face. They are not larger than the head of a brass pin. His pulse is now one hundred and twenty or thirty. It often happens that just before the patient is to die he appears to be better and doctors are sometimes led to give a

favourable prognosis when to
their great astonishment he dies
in a short time. The pulse is
frequent and feeble and thread
like. It is never full and boun-
ding in this disease

It might not be out of place
for me to say a word or two on
the morbid appearance of the bow-
els in this disease. We find in
the first stage congestion or engorge-
ment. In the second stage infla-
mation which soon passes into
the third stage which is ulcera-
tion. with thickening of the coats
of the intestines all of which is
confined to the large intestines
in a large majority of cases.

Cause The causes are probably
numerous Intense heat is probably

one of the greatest predisposing causes that operate to produce it. Cold is another. Scanty and un^{wholesome} food. A very warm dry day followed by a cold night favours its production, and lastly but not least malarial poison.

Treatment If a case of the simple variety and the pulse full & bounding I would bleed freely give some saline cathartic to clear out the fecal matter that might be retained in the intestinal tract, which I would discontinue as soon as I obtained an evacuation of the bowels for fear of the cathartic acting as an exciting cause to invite blood to the part. I would give febrifuges

The stage of
during the febrile symptoms
and stimulents when the pulse
was low and feeble.

In the malarial form in
addition to the above, Quinine
should be used freely. If
the fever is high & pulse rapid
I would use Veratrum viride to
reduce the hearts action.

In the typhoid form Turpin
tine should be used in
some form. Bleeding is not
propper in this form.

The following mixture might
be used in either form.

Acetic acid 20 minims
Sulphate of morphia ʒ gr
And water one ʒ. Mix
give one tea spoon full
every two or three hours