

AN
INAUGURAL DISSERTATION

ON
Syphilis

SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY
OF THE

UNIVERSITY OF NASHVILLE,

FOR THE DEGREE OF
DOCTOR OF MEDICINE.

BY
Jno. B. McConnell

OF
Genesee

1851.

W. T. BERRY & CO.,
BOOKSELLERS AND STATIONERS,
NASHVILLE, TENN.

Dysentery (Flux)

This disease has perhaps never received that amount of attention from the Medical profession in the South and West, which its importance seems to demand. I deem it best to move when we consider the frequency and extent of its epidemic influence, and the amount of its fatality. Where in the annals of disease in the South and West, ^{has} any malady shown itself so often, and in such diversified localities, and at the same time so fatal.

It is now right here epidemic Cholera will be thought of, and many will think it, either extreme ignorance, or enthusiasm to compare any disease with Cholera. I am fully prepared to admit that Cholera is an awful scourge, yea a pestilence that "walketh in darkness" but at the same time must contend that Dysentery taken all the while, and in all of its behavior, has been a greater scourge to this Country than even Cholera. Cholera has visited our country but twice since the sturdy step of civilization drove the

2

red man from these (then) forests - While the practitioner of Medicine can scarcely call to his recollection a single year in that time, when flux did not prevail somewhere in the bounds of his knowledge. Sometimes it is true; the disease is confined to small sections, but very often spreading over large districts, falling alike upon the inhabitants of the Mountainous and healthy portions of our Country, and upon the low and Marshy districts. At one time raging upon the Rivers, at an other upon the plain and the Mountain Top. Again it may be said that small-pox is a contagious disease, and that it also has an epidemic tendency, and is certainly a more terrific disease than dysentery, more to be dreaded, and consequently demands more of our attention - I admit also that small pox is a very loathsome affection, and that in by gone days it was much to be dreaded. But it has received very liberal attention, in fact since the investigations of Jenner in 1798 which resulted in the discovery of the vaccine matter

and vaccination, the terrors of small pox have been receding, and if vaccination be rightly practiced that loathsome plague will soon be entirely banished from the walk, of man.

I might bring up in review many other diseases which have occupied a more conspicuous position, and elicited more attention from physicians in the South and West, than the one under consideration, and yet of less importance.

It has been my fortune (whether good or bad) to deal with this disease several times as an epidemic, since I have been giving pills, and I confess that I was worse baffled with it in the first part of my experience than any other affection, and my practice attended with less success, and this may be one reason why I consider it so important, and so dangerous.

While I am penning this article, the weeks of mourning are being worn by hundreds who have buried friends and relatives, the victims of this disease in the

4
last summer, and that too in the healthiest
portion of our State, ordinarily - I allude
to the Mountain district. Even the healthy
Counties of Warren and White, which have
been considered heretofore as a safe retreat from
disease, have been scourged with epidem-
ic dysentery - Yes hundreds have been
taken from time to time during the
last year, from Middle Tennessee, by this
perplexing affection.

In 1844 this disease prevailed in the
Spring and Summer to an alarming
extent in the County of DeKalb, which is a
portion of the Mountain district. That part
of the Country in which the disease was
most malignant, is high and dry, with
pure water and air, and no source of
miasma apparently - In 1849 this malady
spread itself all over Middle Tennessee,
and I have but little doubt that it
killed as many even that fatal year
as Cholera. Again in 1851 it has raged
to a very considerable extent in this State,
and especially in the Mountain part,

as before alluded to: perhaps showing its
honors more conspicuously at and about
McMinnville than any other part.

But perhaps I have already spent
too much time trying to show the
relative importance of this affection, and
will consequently dismiss that part of the
subject and proceed to the more import-
ant part, that of its pathology, symptoms,
and treatment.

Before entering into the pathology
however, it may be best to give the outlines
of the anatomy of the parts involved.

The intestinal canal is a long membranous
tube beginning ~~begin~~ at the pylorus, and ending
at the anus, which is divided into the small
and large intestines; the small being sub-
divided into the jejunum, duodenum,
ileum - And the large into the caecum
colon and rectum. The duodenum
is that part of the small intestines which is
immediately attached to the stomach; into
which the biliary and pancreatic ducts enter.

The small intestines are connected with the Mus-

entry, ~~of course~~ ^{and} the Chyliferous tubes or radials open into the intestinal surface. Then the Cecum. At the junction between the Ilium and Cecum, is the Ilio-cæcal valve which constitutes a partial septum between the great and small intestines - Or a quære to some anatomists the Ilio-cæcal valve constitutes the superior boundary of the lower Stomach - This brings us down to the main seat of the disease under consideration, viz Colon and rectum.

The intestinal canal is composed of four coats viz Mucous, cellular, Muscular and serous. This imperfect anatomical outline will at once show that the small intestines are much more intimately connected with the liver and circulation than the large, as is seen by the direct connection which the bile ducts establish between the liver and duodenum, and the chyle ducts and Mesenteric glands between the Ilium and circulation - This fact will be worth something in the treatment of the disease, and detracts nothing from the

importance of the lower stomach - its office being entirely different from that of the small intestine or upper stomach, but not less important.

Dysentery is situated, or rather confined most usually to the mucous membrane of the colon and rectum, and the true pathological condition is inflammation of the mucous membrane of the large intestine - Colorectitis - This is evinced by redness, thickening, and ulceration.

The characteristic symptoms of this disease, are mucous and bloody evacuations, severe griping pains at stool, straining and tenesmus. It sometimes occurs with, and sometimes without premonitory symptoms - The premonitory symptoms are general uneasiness, lassitude, impaired appetite, and so on, differing but little if any, from the many symptoms which usher in other diseases, and consequently of but little value in the investigation of a specific disease

There are no dysentery, agreeable to my very humble opinion.

Cause— No better evidence is wanting to prove that flux is not of Miasmatic origin, than the fact that it occurs so often in non Miasmatic regions— The question of its contagion has been decided negatively— So its prime cause must be atmospheric vicissitude— Sudden transitions from heat to cold

I now come to the most important part of the subject— the treatment: for all theory has, or should have, for its object good practical results

For the treatment of this affection, I shall principally discard one remedy which has been used by a majority of practitioners and recommended by all authors who I have read, in some form or other— I allude to Mercury. This remedy has been whiped into the service against many diseases unnecessarily, and the liver has been goaded, or rather goaded at by physicians in many diseases which do not call for it, but in none has the remedy been more abused than in dysentery, agreeable to my very humble opinion.

Now I wish to be understood fairly - I am speaking of the use of mercury for the peculiar symptoms, that is for the local manifestations, as the bloody and mucous discharges, griping and tenesmus, which are but the legitimate offspring of the local diseased action which dysentery is dependent upon for its existence - After subduing these severe symptoms, a condition of the system may exist, in which calomel would not only be admissible, but perhaps highly necessary - I also wish it to be understood that I am not treating of dysentery as it occurs in Philadelphia, nor in London, nor in the Armies, but as it occurred under my own observation in the hills and hollows of Middle Tennessee.

In my first practice in this disease, I pursued the plan as layed down by the authors I read, with the prominent idea in my head, that I must cure it by discharging the liver and portal circle - that when the secretion of the liver was thoroughly established the local symptoms would subside. This plan of treatment did ^{not} succeed.

To my satisfaction, My cases would grow worse and still worse on my hands; the inflammation would extend itself up the intestinal Canal, involving the small intestines and Mesenteric glands - Some would linger a long ~~long~~ time before they would get well; while others would die.

I saw some change was necessary, consequently I changed my battery from the hepatic viscera and the portal circulation, to the seat of the disease, the general circulation, and the surface - The treatment which I think best, (and one reason I think it best is because it has succeeded best) is briefly as follows

If the Patient is of full habit, with high fever, hard and resisting pulse, bleeding will be advisable in the beginning. If the characteristic symptoms have been preceded by a general diarrhoea sufficient to evacuate the bowels, no purgative, for the sake of its purgative effect will be necessary. But if diarrhoea has not previously evacuated, and you suspect Syphilis the pl-

Following prescription will be in order—
Castor Oil One Table spoon full, Laudanum
20 drops. So quiet as this warms the
bowels, if the characteristic symptoms
be very severe, I would commence the
Simultaneous use of Starch and Laudanum
injections per rectum, and Bath and Cor.
Powder per Stomach. Starch prepared
very thick half Tea cup full, Laudanum
60 drops— Sulphate Magnesia Dr. ½ Cor.
Powder gr. 10. The two remedies to be giv-
en simultaneously every two hours until the
Severity of the symptoms subside, which
they will be very apt to do by the first round.
Then leave off the enema and continue
the Bath and Cor. Powder every two hours
until the local symptoms entirely sub-
side. The importance of refrigerants, anodynes,
and diaphoretics in this disease is very perceptible,
and for this, the Sulphate of Magnesia and
Cor. Powder just fills the bill. It allays
the distressing local pain, cools the intern-
al fever, and produces a genial and
effusional perspiration.

The prescription of Sats and Pulv. Sor. may be varied a little to meet certain indications. If the Sor. powder does not possess sufficient anodyne powers to speedily allay the pain & tenesmus, the following may be given advantageously. Sulph. Magnesia $\text{℥}\frac{1}{2}$ Sor. powder $\text{ʒ}\text{s}$ Sulphate Morphia $\text{ʒ}\frac{1}{2}$ - or if the Sor. powder in 10 grain doses nauseates the stomach too much, and there is not much fever, you may give Sulph. Magnesia $\text{℥}\frac{1}{2}$ Sor. powder $\text{ʒ}\frac{1}{2}$ Sulph. Morphia $\frac{1}{2}$ $\text{ʒ}\text{s}$

Sometimes the characteristic symptoms are so severe as to produce prolapsus of the rectum. In cases of that character the emma should consist of starch (Laudanum and Sugar of lead. The starch and Laudanum as above directed, with enough lead added to give it considerable astringent properties. As an external ~~by~~ Application for prolapsus of the rectum, a diction of Poppies stands prominent, and should be used all the while, when the patient is not under the immediate use of

13
The anodyne and astringent enema - Astringents should be used in this disease very cautiously, and in most part only as injecting.

By a prompt and persevering prosecution of this plan of treatment, in connection with proper dietetic regulations the disease will most generally be very manageable, and yield kindly.

I have given what I return the best system of Medication, and will now proceed to give the system of dieting which must accompany it.

If there be much fever, the diet should consist in the beginning always of mucilages - such as Gum arabic in solution, and Slippery Elm tea. If the fever be not very high, or after it has abated to some extent I would recommend animal broths. And among these would very particularly advise Mutton Soup. This is most an excellent article of diet in this affection, nourishing the system well, and exercising a very kind influence on the alimentary Canal - Would not the ~~essence~~ essence

of beef be a good article of diet in dysentery?
After convalescence commences boiled milk
and farinaeous articles may be given.

There is no disease which demands
a more rigid system of dieting than
dysentery, in fact it is half the battle
in treating the disease

Many other remedies might be spoken
of in connection with the treatment of
dysentery, for there is no end to them,
but I am satisfied with introducing those
which are best. I will however intr-
oduce one more remedy upon the
authority of Dr Rezin Thompson of this
State, a gentleman of long experience.

Peach tree leaves is the remedy.

He says - For about 20 years I have
used the leaves of the peach tree as a
remedy for dysentery and have never
had it to fail to relieve the distressing
Symptoms in less than 3 hours.

My manner of using it is as follows
If the case is a recent one and the

Complaint appears to be confined to the lower part of the bowels, I make an infusion of a handful of peach tree leaves in a pint of boiling water, to which I add tea spoon full of laudanum and about 10 grains of alum and use one third at a time as an injection - repeating it after each discharge. If the disease has progressed much toward the stomach, I apply a poultice of the boiled leaves thickened a little with wheat bran to the bowels, and give as a drink half a tea cup of weak infusion of the leaves every hour or two - If the bowels should become locked up, I open them with broken doses of Salts and Ioda.

I do not recollect of having to pay a third visit to any case of flux since the adoption of this treatment - only one case has been followed with consecutive fever."

I shall not enter into an investigation of the various diseases with which flux is sometimes associated, farther than to say they should be treated upon rational principles.

In all cases where dysenteric symptoms exist in connection with other diseases the physician should ascertain which is primary and which secondary, and then treat both with discretion.

In cases of dysentery combined with intermittent fever, quinine should always be given in connection with the other remedies.

What I have said, I have said—