

AN

INAUGURAL DISSERTATION

ON

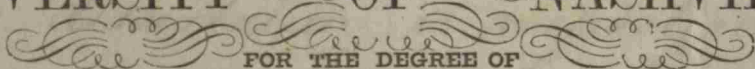
Dysentery

SUBMITTED TO THE

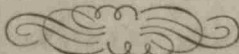
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY

OF THE

UNIVERSITY OF NASHVILLE,



FOR THE DEGREE OF



DOCTOR OF MEDICINE.

BY

Joseph F. Reid

OF

Tennessee.



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W. T. BERRY & CO,  
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NASHVILLE, TENN.

To.

The Faculty of the Medical Department  
of  
The University of Nashville.

This dissertation is respectfully  
inscribed, in due appreciation of  
their high moral and intellectual  
endowments and also as an humble  
tribute of my affection for their  
uniform kindness to me as a student.

Joseph S. Reid

Messrs. Professors in the Medical  
Department of the University of Nashville.  
From a high appreciation of your  
Medical Knowledge and your character  
as gentlemen in every way worthy the  
stations which you so ably and honorably  
fill, I have been called from my  
private home and practice, amidst  
their pleasures and labors to your  
seat of learning, and I confidently  
feel that I have been amply paid  
in the richest treasures of Medical  
Science for my visit, my time, and  
money. Since Custom and your laws  
require a Test, a Thesis at my hands  
to constitute me a candidate for  
the high and honorable degree of  
Doctor of Medicine, I cheerfully comply



thought I do it with great timidity. In thinking over the vast number of topics on which something might be written my mind appears to dwell most on Dysentery, as it has been spread so widely, in so many States of our beloved Union, and our own beautiful Tennessee, whose hills, valleys, rocks and rivulets are endeared to me by many tender ties, and sacred recollections. On her with a heavy hand, has this fell demon pressed for the last two years.

"Its Nology, class Pyrenia, Order Influvia" Cullen - We will more particularly and sensibly arrange it, as one of the local Phlegmasia, as this last classification is comprehensive,

simple, and inclusive, we much prefer  
it.

Its name, Dysentery, Colitis, Colonitis,  
Colorectitis. We much prefer the last  
of these Cognomen, as it is expressive  
first of the kind of disease, and secondly  
its precise locality. It is true that  
the disease may exist only in the Colon,  
then the term Colitis would be preferable,  
but this is so seldom, the case, that I  
am inclined to use the last term;  
indeed, the rectum is always affected  
when the Colon has been for any  
length of time, because the acrid,  
or altered secretions from the Colon  
are obliged to travel through the  
rectum to make their exit from  
the body; irritating, congesting and

inflaming it in their descent. The bowels above the Colon may be more or less affected, for inflammation when not checked, in due time, has a disposition to spread, and more especially in like tissues; Thus when a spot of skin is inflamed, the surrounding skin is more likely to take an inflammation, than the subcutaneous tissues. In like manner is a serous or mucous membrane, But we can not always make a term include every circumstance attending a disease, I think this is the least objectionable one that has been used by authors.

Its Etiology, The causes of disease are divided into predisposing and exciting. The predisposing are tropical climates or the continued hot weather of temperate



climates, producing debility of the system, disturbances of the digestive organs or their feeble action, derangement of the portal circulation, and the functions of the liver; and further a relaxation of the whole system. The system thus predisposed is easily acted on by exciting causes, the most common of which is cold, and this is rendered still more potent when combined with a humid atmosphere, wet feet or cloths, etc. It is easily understood how cold acting as an exciting cause can produce this disease, when the system is predisposed by relaxation. The cold aided by moisture contracts the capillaries of the skin and extremities, causing an influx of the fluids to the internal viscera. The congestion thus

produced sets up an irritation, and then sets in the inflammation, consequently we have one of the Diseases of the writers.

It appears to me that something else is auxiliary in locating this Dise in the particular part of bowel affected in Colo-rectitis. I can conceive when the viscera are thus congested, that food may pass in partial crudeness through the upper portion of the alimentary canal and enter this part which is, with all probability more highly congested than the other parts of the tube, from the fact that the splenic vein and its tributaries are congested, which has an influence on this part of the canal. The feces pass this portion more slowly, and when they, or the



bowel is not in the normal state The  
 irritation may be increased until  
 inflammation is developed. This view  
 may be a little speculative, as I have not  
 seen it in any of the authors. Among  
 other exciting causes, are unripe fruits  
 or fruit of an acrid quality taken in  
 immoderate quantities; unwholesome food,  
 bad air; Congested Spleen from Miasmatic  
 origin; bilious fever; too great a variety  
 of food used; variety indulged in  
 immoderately; food of bad quality, and  
 badly prepared, such as is frequently  
 used in Camp; unfermented drinks,  
 such as new cider, malt liquors;  
 putred water; drastic purges; wormste.  
 It is not necessary to enumerate every  
 thing that might tend to produce this malady.

There are some cases produced by causes which are obscure and may be unknown to the physician.

Its Varieties and signs.

Acute. There is frequently at the onset of this disease, as its cause might suggest, lassitude, general uneasiness, bad appetite, dull and transient pains in the abdomen.

There may be diarrhoea or costiveness. There may be signs of intestinal irritation or not.

Premontory symptoms may be present, or it may set in with a slight chill, followed by a reactionary fever, and simultaneously, tormina and tenesmus.

When it is produced by other diseases, fever usually precedes it. This disease may exist in quite a variety of degrees, dependant on the cause which produced it;

the constitution of the patient; its complication with other diseases; and the extent and degree of the irritation and inflammation of the mucous membrane. In the mildest form, it affects only a limited portion of the rectum or Colon unattended with fever, and after two or three days it passes off. I have observed some few cases in which there was an accumulation of hardened feces and a number of the first discharges were feculent, which passed off in this mild way without much treatment. This has induced me to believe, that the accumulated feces was the cause in these cases: yet it is not a constant one.

I will consider the disease in its simple form, and delineate the treatment in said forms for I see that this dissertation



might be protracted much beyond my intended limits. I designed brevity. Its signs, treatment, &c. in the simple form, are a type of the same when in combination with other diseases.

Signs - *Tormina*: which is pain in different parts of the abdomen, and an almost continual desire to go to stool, and when there, the patient passes a small discharge which is composed of mucus, blood, small balls of feces covered with mucus, and called *tybata*, sometimes a portion of a shready membrane &c. This is followed by an interval of relief, then *tenesmus* returns and produces the same phenomena. In the advancing disease; the *tenesmus* and *tormina* are increased, the former becoming

a prominent sign. The calls to stool in some cases are quite frequent, generally dependant on the degree and extent of the inflammation.

The patient may have from a dozen to one hundred and even two hundred discharges during twenty four hours.

In a continued and aggravated form there may be prolapsus ani. There is generally a peculiar odor from the discharges. The bladder and urethra may sympathize in the affection, and render micturition difficult or painful.

The disease may some times be traced along the Colon by pressure over the course of this portion of the bowels. The tenderness thus discovered is a sign of some importance, as it might in some degree assist in

diagnosis between this disease and Colic.  
 The fever which is of the reactionary, or  
 symptomatic grade, is not unimportant.  
 When the disease is of light character, and  
 may pass off without treatment, the  
 fever is insignificant and is not  
 generally recognized. In its more  
 severe forms the fever may rise to a  
 considerable height, and in plethoric  
 persons there will be a full bounding  
 pulse, but this is apt to give place  
 in a short time to a frequent and  
 corded or wiry pulse. The skin,  
 especially during the height of the febrile  
 symptoms, is dry and hot, but when  
 this stage is passed, and the patient  
 sinking under the disease, the skin  
 becomes moist, with a clammy sweat,



which is not a favorable sign. The tongue is coated with a whitish fur. Generally there is a diminished secretion of bile.

The gastric symptoms are usually slight, except in what is termed Bilious Dysentery, about which some thing might be said under that form of the disease, or rather complication. There may be an indelible sensation of pain, and hollowness or sinking in the abdomen, combined with a cold damp skin, the pulse being feeble and thready, and also at times attended with nausea and vomiting, which, however, is not a general sign in the simple form of this disease.

These are apt to occur in cases of severity, from the violent impression made on the nervous system.

There may be a temporary sinking of the vital forces, followed by a descent of the acrid secretions giving relief.

It is necessary to say something about the duration of the disease. It is apt to change about the eighth day, the symptoms gradually subside and the patient becomes convalescent. In other cases, however, from the extent, and violence of the inflammation signs of depression are manifest from the beginning, and the system never fairly reacts. The same conditions are present continuously in these, as in those milder cases, the difference being in the degree, and not in the quality of the affection.

The nervous system does not appear to fully react during the whole disease

having received a violent shock at the  
 onset. There is generally a very small  
 and feeble pulse though frequent, with  
 a pale, cool, and clammy skin, the  
 features, anxious and sunken with  
 a purplish appearance under the  
 eyes and about the roots of the nails;  
 accompanying this is an extraordinary  
 violence in the local symptoms, incessant  
 discharges, sometimes tenes and tumid  
 abdomen, and tenderness on pressure,  
 combined with tenesmus and tormina.  
 Fatality generally attends these cases  
 in a few days; cases of such violence  
 and severity are rare, and seldom  
 or never exist, except epidemically.  
 The danger that may be most  
 apprehended arises from the continued



of the disease beyond the eighth day. When there is no abatement of the disease by the above named time, or some time there about, the symptoms are very apt to become aggravated. The abdomen more swollen and tender, tormina and tenesmus increases; pulse weaker and more frequent; the tongue may have a dry and brownish appearance; it may throw this fur off and become red, smooth, and some times gashed; the discharges more frequent; under these symptoms the patient soon becomes exhausted, weak and restless; and as the disease advances the alvine discharges become more copious and offensive, and with the blood and mucus are mixed puruloid matter, sanies, and

also the vitiated secretions from the upper portion of the bowels. In some cases there may be nothing more than a bloody serum. This serous discharge is denominated "lotura Carnium" Should the patient become convalescent, it will be tedious, the case, however, is apt to go into the chronic form. Under the head of prognosis, may be delineated those symptoms which prove unfavorable. It will be incompatible with the length of this dissertation, to go into a description of the different forms of the disease, such as Bilious Dysentery; Adynamic etc - for they generally depend, as their appellation signifies, on a combination of diseases. Chronic. This form of the disease is often associated with chronic enteritis.

In this combination it is not easy to determine how far the two portions of the bowels may be severally involved in the inflammation. This decision, however, is not of much practical advantage, as the treatment is essentially the same. Uncombined: it is easily known, by the frequency, and scantiness in quantity of the Stools, the character of said Stools, and the tenesmus.

The greater number of the discharges are composed of mucus principally; some times with a pus-like secretion or blood, and also they are some times feculent, and may also be bilious, and if the inflammation be confined to the lowest part of the Colon and rectum the discharges may be composed of



tolerably, consistent feces, which may be enveloped by the mucus, or the mucus may be streaked through it. The disease in this form may go on months, and some authors say for years. If the inflammation be slight and confined to the rectum and lower part of the Colon; but in the majority of cases that we are called on to treat, the affection is of a wasting character, causing the patient to become emaciated, countenance pale and fallow, shrunken appearance, strength and appetite give way, and there is a tendency to hectic fever; Anasarca and death.

### Differential Diagnosis.-

It is important to understand the difference between this disease and

diarrhoea, this being the only disease with which it is likely to be confounded.

In both there may be griping pains, frequent and loose discharges, but in the disease under consideration, the natural feces appears to be retained, while in diarrhoea they flow away in what are denominated rice water discharges.

In one, scybala, in the other none, in the former straining, tenesmus and a discharge of a small quantity of mucus often streaked with blood, or a shedy membrane, while in the latter, this is no sign. Dysentery may commence in diarrhoea. The simple Colo-rectitis is generally well marked by tenesmus and tormina.

Prognosis.

If this disease is going to terminate favorably all the symptoms begin to subside and the patient gives evidence of improvement. But should there be a sudden cessation of the tormina and tenesmus; and tympanites, coldness of the extremities, feeble and frequent pulse, some times cool and clammy skin, hiccough, involuntary stools, delirium and stupor, it is very apt to terminate fatally. Death may be caused by the continued irritation, from general debility, gangrene, or exhaustion from the disease. Great solicitude may be entertained, when the symptoms continue unabated beyond the fourteenth day; the longer the disease continues the more danger.



The prognosticism is unfavorable when the inflammation is extensive, which may be determined as a general thing, by tenderness along the course of the organ involved. Sporadic cases in temperate climates are not generally fatal, but when the disease is epidemic, or in crowded armies, with bad food, and in miasmatic districts of tropical climates; the disease is hard to subdue, and has a greater tendency to chronicity or fatality, and it may produce ravages bounded only by the extent of its cause, and the materials on which it is wont to feed.

### Anatomical Lesion.

The seat of this disease in its simple form, on which I only design writing, is the mucous membrane of the Colon Rectum.

or parts thereof. In its complications the tissues in connexion are generally involved, when the disease goes so far as to destroy life, the muscular coat is almost always involved more or less, when ulceration is present it most generally attacks the glands in this portion of the canal, and they ulcerate. At first they become enlarged, hardened and slightly elevated, then they slough off as it were and come away, leaving the surface denuded of this membrane. In other cases these ulcers appear conglomerated or run into each other and the edges roughened or irregular. In others, again, the whole surface appears denuded of the membrane, which is frequently done by the conjoined action of the ulcerated sloughing and gangrene.

In cases where there is no ulceration but death having been caused from the excessive irritation and exhaustion, the membrane is thickened, highly congested, and inflamed. The Mesenteric glands are some times enlarged and inflamed but seldom or never suppurated. The peritoneal coat is very seldom, or probably, never perforated by the ulceration. In some cases the surface is covered with lymph, and the membrane beneath may be entire. From a disposition of inflammation to extend along like tissues, this membrane may be inflamed far up toward the stomach.

### Treatment.

The treatment of Colo-rectitis, like that of other local phlegmasia, should



consist of remedies addressed to the affected  
 parts. The seat of this disease being  
 internal, the remedies must be given, of  
 course, through the alimentary canal.  
 It is incompatible with my design to  
 give the Therapeutical action of every  
 medicine named, I shall, therefore, give  
 merely some of the more general remedies  
 and state the plan of action, and the  
 positions of the enemy to be combated.  
 In very slight cases where there is little  
 or no fever, it will suffice to give a  
 dose of Castor Oil for the purpose of  
 emptying the bowels of the feces, and  
 following this may be given some  
 Laudanum. Light diet, rest, and avoidance  
 of the exciting cause will do in this case.  
 If the patient be plethoric and fever

be present, with a full and bounding  
 pulse, bleed from the arm, to the approach  
 of syncope, or in other words to effect.  
 This will generally succeed in arresting  
 the inflammatory condition of the system,  
 though it should be followed by other  
 suitable remedies. There should generally  
 be administered a dose of Calomel and  
 this worked off by some Calceined Magnesia  
 and opium pills. The mercurial will  
 stimulate the liver, and cause that organ  
 to perform its duty. The repetition  
 of bleeding will very seldom be necessary  
 as the purgation and frequent stools  
 will deplete sufficiently. The Calomel  
 should not be repeated, for this very  
 important reason, viz. The bilious  
 discharges would have to travel over

The inflamed surface of the mucous membrane to gain their exit from the body, thus irritating and greatly aggravating the disease. There should be given some Opium after the foregoing treatment, for the patient will generally be restless, and complain much of the tormina and tenesmus. He will need some rest. His drink should be mucilaginous and bland, as gum Arabic or Slippery elm. If the pain in the abdomen be severe, leeching, cupping, warm fomentations, and sinapisms. When these are properly combined with opium, relief may be expected. Should the tenesmus and tormina remain unabated, a blister over the hypogastric Region will generally do much good.



A diaphoretic may be given with good effect, and it appears to be indicated by the state of the skin, a common, and good one is Cloves Powder. Injections may be employed and frequently with encouraging benefit. I have used to good effect an Enema, composed of Mucilage Gum Arabic, and Laudanum, to remove the Scybala, and relieve Congestion of the portal circle. I would give Doctor Bowling's pill, composed of Blue Mass, Scammony, and Aloe equal parts in sufficient quantity to thoroughly evacuate the bowels and immediately afterwards administer a prompt and decided dose of Opium, for this object, Doctor Bowling insists,

in an adult; that less than three grains of Opium is worthless, and that from four to six grains are frequently indicated. He teaches furthermore, that when the patient is robust, and the reactionary fever high, a good general bleeding, followed by three or four pills of equal parts, of Pil. Hyd. Scammony and aloes, the free operation of which to be in turn followed by a decided dose of Opium, causes the disease to abort, and that convalescence immediately commences, so that the practitioner will be deprived of that theatre for the further exhibition of his skill, and the patient the horrors of a additional ingurgitation of nauseous drugs, and the suffering

for which they are benevolently intended,  
I can not go into a lengthy article  
on the treatment of this disease. My  
plan is to give the main points.  
To treat this disease in its chronic  
form is not so easy as in the acute,  
for the enemy has generally taken  
a stronger hold. There are almost  
always ulcerations in the bowels  
and the fever assumes a character  
very similar, and almost analog-  
ous to Typhoid fever. There is an  
anatomical lesion in the bowel  
precisely analogous to that of Typhoid,  
differing only in its locality. From  
the inflammation and ulceration  
the treatment should much resem-  
ble that of Typhoid fever.



Nature has to do the most of the work,  
 and we only can assist or direct her.  
 The most important part of the  
 treatment is hygienic. Diet: Diet;  
 this should be of the mildest character,  
 such as mucilaginous and farinaceous,  
 Rice is a most excellent article when  
 properly prepared. The bowels should  
 be kept open and in a laxative state  
 so as to prevent fecal or irritating  
 accumulations in them. I am not  
 a warm advocate for the mercurial  
 treatment, nevertheless, when the  
 liver needed it I would give the  
 Blue Pill. Some have recommended  
 it to be pushed to slight salivation,  
 but in my hands this practice  
 has not proved successful.

Oil of Sarpentaria has been used with decided advantage. Also the following Recipe. Solution of Gum Arabic five drachms, Compound Spirits of Lavender two drachms, Oil of Sarpentaria One drachme Min and give one tea spoonful every two or three hours; Doct Bowling;

When this fails try the following, which is also from Doct Bowling, viz.

Sub nitrate of Bismuth One drachme Nitrate of Silver four grains, Opium six grains, mix and make twelve pills, give One every three hours, or oftener if the frequency of the discharges demand it.