

AN
INAUGURAL DISSERTATION
ON
Dysentery

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Dysentery.

Dysentery - Colitis and Colorectitis are different names for the same disease, as described by various authors, and is commonly known by the name flux or bloody flux.

Definition. - Dysentery is an inflammation of the mucous membrane of the colon, or of the colon and rectum; and nothing more unless there be an extension of the inflammation, or some complication.

Symptoms. - The symptoms that are most characteristic and always present in this disease, are griping pains in the abdomen, the frequent and painful desire to go to stool; with tenesmus, and the scanty discharge of a mucosanguinolent matter.

These symptoms are not so strongly marked or distressing, in the milder, or sporadic Dysentery, as in the epidemic form, when fever makes its appearance, with the appearance of the attack, or shortly afterwards. There is more or less pain, over

The course of the bowels, in nearly all attacks of this disease: still at times the pain upon pressure is very slight, and in sporadic cases may be entirely absent.

When the disease is epidemic, the pain and tenderness over the bowels is often very distressing; frequently extending over the whole abdomen, and causing great pain and uneasiness to the patient.

In common Dysentery, there is seldom much gastric derangement, and the patient may go through an attack without having any great desire for cold drink; or experience the least difficulty from a want of the secretion of urine, which symptoms are nearly always present in severe or epidemic attacks.

Pathological appearances The alterations that present themselves when death has taken place from Dysentery, are very numerous indeed; and the most frequent are simply those of inflammation.

If death takes place at an early period in Dysentery, we find the appearance simply of

inflammation and thickening of the mucous membrane of the bowels, or of inflammation and gangrene of that membrane.

If still later, when the other coats of the intestines, and the neighbouring viscera are implicated, we then find inflammation and ulceration of the mucous membrane and frequently ulceration of the other coats of the bowels.

Diagnosis. - When the leading and important symptoms of Dysentery present themselves, it is an easy matter to make out a correct diagnosis; still there are three diseases for which it is likely to mistake Dysentery: namely, Cholera, diarrhoea, and hemorrhoids.

We may distinguish Dysentery, from cholera, by the rapid course which the latter runs; and the nature and character of the discharges. In Cholera the discharges are very copious, bilious or serous and never accompanied with the severe tormina and tenismus that are always so distressing in Dysentery.

The spasmodic contraction of the muscles

of the extremities, and the severe vom-
iting which are always present in Cho-
lera; are never present in Dysentery,
unless in the most severe forms,
when there may be vomiting but no
contractions of the muscles of the exte-
mities.

Diarrhoea and Dysentery, more frequently rese-
mble each other, but still, differ from
each other in a great many particulars:
The most striking, are the frequent char-
acter of the discharges, the entire absence
of tormina tenesmus, and the abdominal
tenderness in diarrhoea: which are the most
characteristic ^{symptoms} in Dysentery. There are frequent
attacks of Dysentery, that in the beginning
resemble diarrhoea so much, that it is
difficult to say whether it is Dysentery
or diarrhoea; but after the disease be-
comes fully established, there is no diffic-
ulty in saying to which the attack belongs.
Dysentery differs from diarrhoea, in another
and very important particular, that is
in there being no inflammation

in the latter, but merely a relaxed and irritated condition of the bowels; with the discharge of a watery fluid, mixed occasionally with fecal matter and the vitiated secretions of the alimentary canal. The presence of the hemorrhoidal tumors at the margin of the anus, the continued discharge of feculent matter, or of nearly consistent feces, with the flow of blood after each evacuation, unmixed with fecal matter; will enable the examiner to form a correct diagnosis, between hemorrhoids and Dysentery.

Prognosis. - In making a prognosis we should take into consideration the age and constitution of the patient; and also ^{the} nature of the cause, and the severity of the attack.

As the disease sporadically appears it is not as fatal as it is in the epidemic form; the symptoms are not so distressing, and the inflammation does not run so high.

We may say that the disease is going

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to terminate favorably when the tormina
terminus and mucosanguinolent dis-
charges becomes less frequent, and are
replaced by bilious and fecal evacua-
tions; with rest and refreshing sleep
to the patient. And unfavorably
when the symptoms are increased
in severity, and there are superadded
a cold and clammy skin, with del-
irium and subcutis tendens.

Cause. - It is often difficult to determine
what the cause is, so insidious and unex-
pected may be the attack.

The exposure of the system, to cold and
dampness, as from lying upon the
ground, after the ~~best~~ fatigue, and
heat of the day, seems to ^{be} one among
the most common causes, in produ-
cing this affection.

Unripe and acrid fruits, and too great an
amount of ripe fruit, and also acrid
accumulations in the digestive canal
have frequently been the cause of prod-
ucing this disease.

How obvious the cause may appear in Dysentery as it sporadically appears, we are often at a loss to know what is the cause, when it appears in its most aggravated and epidemic form; and are then necessarily compelled to attribute it to some unknown and unseen agent as malaria. And as the most fearful and ravaging epidemics make their appearance in low and marshy districts; where bilious and intermittent fevers rage extensively malaria would appear to be the chief agent in producing this disease.

Bad water, unwholesome food, and indigent clothing, with a multiplied host of other alleged causes might be enumerated.

Treatment. - Various plans have been instituted, and numerous remedies recommended in the treatment of this disease; but the plan is best that is most successful, and the remedies best, that will most promptly fill the indications. In detailing our course of treatment

we intend to specify, some of the most important, and useful, ^{remedies} in the treatment of this disease: and conclude by making a short summary of treatment. Bloodletting ~~both~~ general and local is a means, by which we can subdue the inflammation; and a powerful remedy it is, when judiciously employed. It is not necessary that general bleeding should be practis'd in every attack of this disease, for in some forms of the disease it may be highly injurious.

But when the disease rages epidemically; and the attack is very severe, and accompanied with fever, a full and strong pulse, it would be best to bleed; and if after the first bleeding, should the pulse not become less full and frequent, the tormina and tenesmus less distressing, we should bleed again and again, untill the general and local symptoms should some what abate. As the disease frequently appears, one good bleeding will often suffice to cut

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shoot the attack; and it will frequently happen that the attack is so slight that general bleeding can be dispensed with altogether.

Local bleeding should be practised when there are much tormina, tenesmus, and tenderness, upon pressure, over the inflamed bowels: it will be very apt to relieve the patient's suffering, and act promptly in subduing the inflammation.

General bleeding should not be practised in the latter stage of Dysentery: but local bleeding may be practised in any stage, if there are much tenderness over the course of the large intestines. Emetics are the next class of remedies that we shall consider. They have been highly recommended by various authors, and are unquestionably excellent remedies in the early stage of this disease: but should be used with caution, when the tenderness has extended over the greater portion of the abdomen, and not at all

if there is gastric derangement.

When given it should be at the very outbreak of the disease; and then there should be no sign of a disordered or irritated stomach. They will free the stomach of its acrid secretions and accumulation, will determine to the surface of the body, and have a happy effect in lessening the degree of excitement and in subduing the disease.

Cathartics are the more extensively used in the treatment of this disease, than any other class of remedies, and they appear to be the best remedies, when judiciously employed.

They are applicable in all stages of the disease; they may be used with advantage from the very commencement of the attack, until its final termination. They not only free the bowels of their acrid secretions and accumulations, but relieve the liver, and other viscera of the congestion which is always present to a greater or less extent.

In choosing our remedies, we should prefer the milder cathartics, or laxatives in preference to the drastic purgatives for the drastic purgatives, ~~do~~ would do more harm by ~~increasing~~ increasing the irritation and inflammation than good by their cathartic effect.

Diaphoretic medicines are an excellent class of remedies, used in connexion ~~and~~ with cathartics in the treatment of Dysentery; and when used care should be taken not to expose the patient to cold, for if exposed, the remedy would certainly do more harm than good.

In Dysentery and especially in those severe attacks that are frequently met with, the kidneys perform their functions very imperfectly, so imperfect that they frequently fail to secrete any urine; then diuretics have to be employed, and that with a happy result.

Opium is a remedy, that it ^{would} almost be impossible to do without in the treatment of this affection: it not only quiets the nervous system, but relieves the tormina and tenesmus which is often very distressing.

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Summary of Treatment. - If in the commencement of the attack, should there be any fever, and general excitement, blood should be drawn from the arm, to a greater or less extent, in proportion to the malignancy of the attack; and the fulness of the pulse.

After general bleeding has been practised, should the excitement still continue, but not sufficient to call for the lancet again: and there ~~is~~ considerable pain and tenderness over the bowels, leeches and cups should then be employed, followed by a warm foment, in order to increase the flow of blood, and derive to the surface. After the excitement has been reduced, a moderate dose of Calomel and ipecac may ~~now~~ be advantageously given. Calomel, ipecac, and opium may be given at bedtime, in combination; followed in the morning by a dose of castor oil, or the sulphate of magnesia if there be any excitement.

In the beginning of the attack should

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If there be any appearance of a loaded stomach we may add an emetic dose of ipecac to the calomel, and that with a very happy effect. It is not necessary to bleed in a great many cases of Dysentery, and all that may be required, is a dose of calomel with or without a dose of opium; followed in a few hours by a dose of some mild laxative. The warm bath with some diuretic drink will be found of great service in the treatment of this affection.

To relieve the great pain, and distressing tormina and tenismus, opium by the mouth, and the injection of a solution of gum arabic, opium, and the sugar of lead will be found to answer the very purpose.

If the disease does not appear to abate by the eighth or ninth day, the application of a blister to the abdomen; will be of great benefit in most cases of this disease.

When the disease appears to be obstinate, after the general excitement has been

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reduced by the lancet, leeches, cups, and
warm poultices, should be more freely
applied to the abdomen. In such cases
the warm bath should be more frequ-
ently used, and if necessary the mercurial
medicines should be carried to a greater
extent. In Dysentery as it generally appe-
ars, this plan, if properly carried out
will in a great majority of cases, we
think, suffice to produce an im-
mediate cure.