

AN
INAUGURAL DISSERTATION

ON

Dysentery.

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Dysentery.

We learn from statistical records and dissertations, written by distinguished medical men that dysentery displays its terrible power to the greatest extent among fleets, armies, and troops, during long expeditions. When it prevails epidemically, it is a great scourge to an army in the field of battle: for if it do not produce death in a very short period, its sequelae are nearly as bad — its debilitating effects and often complete prostration render the soldiers incapable of self-defence.

During the latter half of the sixteenth century it raged in the city of London like a plague. In its precipitate march it hurried thousands off the arena of life to a premature termination. During the seventeenth century it gradually became less frequent and more mild, and we believe it has never created such dreadful havoc there since. Occasionally, it has prevailed in a similar manner in some por-

tions of the United States. It extends its baneful influence, very destructively, at certain seasons of the year in all tropical regions. It prevails in many portions of the South to an alarming extent in sections of country which were once remarkable for nearly complete exemption from almost all serious diseases. And many places that were notorious for bilious, intermittent, and remittent fevers have become celebrated for health. Why has such a great change taken place? It must be caused, we think, in the first case by some particular condition of the atmosphere, frequent exposure or malarial. And in the second case, by the removal of vast quantities of vegetable matter undergoing rapid decomposition and all the exciting causes which give origin to malarial.

But before proceeding farther, or entering the legitimacy of the subject under

consideration, we deem it highly essential to give the correct and oft-repeated definition of dysentery. It is an inflammation of the mucous membrane of the large intestine, characterized by severe and griping pain in the abdomen, followed by discharges of the consistence of lymph and blood. It is generally divided into two stages, viz., acute and chronic. Observations made on individuals labouring under the depressive influence of this disease, and the appearance of the intestine revealed by post-mortem examinations induce us to believe the whole surface of the large intestine is not always indiscriminately in a state of inflammation. One author states the descending colon and rectum are the parts chiefly affected. The acute stage, occasionally, comes on without any attractable premonitory symptoms. It may run its entire course without any interruption of the circulation; but

generally, there is more or less fever. Occasionally, ⁱⁿ the acute form the accompanying fever begins before there is any manifestation of dysenteric symptoms. The longer the disease continues, the more severe are the symptoms of high febrile action. Sometimes the fever is exceedingly high, the pulse hard and quick, the face red, tongue moist and furred. The patient frequently complains of thirst and headache. In a short time the pulse becomes small and weak—there is a rapid declination of strength and the ^{or} temperature of the body gradually sinks. The pain, which is almost always very severe, is subject to remissions. The tenderness on pressure generally occupies some portion of the ascending colon. The patient is in a state of almost continual anxiety by a sensation as if there were a quantity of excrement in the intestine ready to be ejected—he irre-

sistibly strains to the utmost of his strength to get rid of the source of irritation, but all his efforts prove abortive. A very small quantity of excrement is discharged, and "it is a jelly-like mucus mixed with films and membranous shreds and morsels that resemble flesh." In many of the discharges there is not a single speck that gives the least indication of the presence of real albino matter. In some cases the mucous discharge has different colours — sometimes green or black; at other times it is a pale red and very offensive. In some instances there is great pain and difficulty experienced during the times the urine is being voided. This disuria is supposed to be caused "by the irritation of the rectum being reflected upon the bladder through the lower portion of the spinal cord." Occasionally there is nausea and vomiting. The combination of all these symptoms with high febrile

action render it impossible for the patient to have sound sleep — he passes the most of the night in exciting dreams which picture to his imagination the near approach of his exit out of the land of the living — he becomes low spirited and finally gives up to the ominous tales of despondency.

Authors say, in the majority of cases it takes a favourable turn about the 6th. or 10th. day and the patient speedily recovers. When the extent of the inflammation is great, there are symptoms of depression in the beginning of the disease. In very severe cases, the vital forces rapidly sink for a time, under the violence of the impression made on the nervous system. If the symptoms do not cease in the course of ten or fifteen days they generally increase in intensity.

The chronic form of dysentery is seldom, if ever, original. It generally super-

venes an acute attack, and in slight cases, may arise from an extended inflammation from hemorrhoidal tumours. It is stated, that, it is frequently combined with chronic enteritis, when it is not thus associated, it is readily distinguished by the frequent calls to the night chair and the peculiar character of the evacuation. "The greater number of the stools consist chiefly of mucus, sometimes mixed with a pus-like secretion of blood". Sometimes there is bilious matter mixed with the dejections, when, only the lower part of the colon and rectum is inflamed the constitution sympathizes but little. There are cases recorded in which chronic dysentery continued during several months without seriously affecting the general health of the patient; such cases, however, are exceedingly rare. In a great majority of instances, if there is not an exhibition of the best and most appropriate

medicines, the patient soon becomes emaciated, case worn, and sallow his appetite fails, his strength rapidly decreases and finally, it terminates in hectic fever, anasarca, &c. &c.

In ^{some} almost all cases of acute dysentery there is a diminution of the bilious secretion. The stomach and liver become deranged at the very commencement of the complaint. The tongue becomes somewhat tinged with yellow and the conjunctiva, skin and urine also have a yellow appearance. There is great distress in the region of the epigastrium, vomiting very frequent, and there is a tendency to delirium. This complication is termed bilious dysentery. Dr. Wood states, it is this which adds so much to the violence and danger of this disease in tropical climates. Persons exposed to depressing causes, as in ships and marching armies, in which

they are compelled to go through thick & thin, wet & cold are often attacked with a type of dysentery which is called adynamic. In this form, besides the aggravated symptoms that exist in the common cases, there are those of Typhoid fever—such as "rigors and heat, alternating, little or no perspiration, pulse tense and hard, usually quick but fluttering, pain over the forehead and vertex, petechiae appearing on the fifth to the seventh day and lasting till the end, delirium succeeded by stupor &c." In warm countries when malarial influences are prevailing, it is sometimes associated with intermittent and remittent fevers. This form is very easily distinguished; for the symptoms are subject to intermissions and remissions. There is one pathognomonic sign which always

leads us to a correct diagnosis— viz, the existence of fever followed by a chill one or two days before the dysenteric symptoms show themselves. The fever is increased every day or every other day and in the interval either relaxes or entirely intermits. During the paroxysm the face is red, the head painful, great tendency to delirium, ~~general~~ disorder of the nervous system and ^{general} arterial excitement.

Post-mortem examinations reveal the existence of extensive inflammation, ulceration, and sloughing of the mucous membrane of the colon and rectum. The ulcers are either small and roundish, or large and irregular from the confluence of the smaller, have usually an abrupt edge, and are often covered with a concrete exudation having the appearance of a slough. In some

cases, almost the whole of the membrane is covered with a coating of coagulated lymph, upon the removal of which it appears red, and swollen, but without loss of continuity.

The number of causes which favour the production of dysentery is considerable. Every author has some one cause which he lays more stress on than a combination of all others. Cold and moisture after great heat, impure air in confined localities, inferior or damaged food, intemperance, atmospheric vicissitudes and depression of the passions, all exert a decided influence in the production of this disease. We learn from a fact recorded in relation to a Prussian army which invaded France in 1793, that, the influence of crude injesta caused dysentery: Another fact is recorded in relation to some French troops, who were on their way to Algiers, that gives

force to the first fact to which we alluded. These troops were subjugated to great suffering by the immoderate use of oranges and different fruits of the country through which they were passing. It has been known to prevail in countries during seasons when food was scarce and of bad quality. Persons suffering with an attack of dysentery in crowded hospitals, in poorly ventilated rooms, where they were necessitated to drink impure water, have been known to recover very soon after their removal from unhealthy situations to those where the air is pure and the water ^{im}unpregnated with poisonous ingredients. Soldiers have been known to contract this disease in the field of battle on account of morbid impressions having been made on their skins, by which their functions were impeded. An instance is recorded of a body ^{of} men, who having been exposed all

night to hard rains, were attacked very soon with dysentery. Another collection very near the locality of the former, who were blessed with a comfortable shelter, had not the first dysenteric symptoms. These well authenticated facts give considerable ^{validity} to the belief of those who assert, wet and cold are great agents in the production of this dreadful malady. It has been known to prevail in all seasons of the year, but generally, it has been more frequent during the summer months. Dr. Lorry, however, states, in his work on "The Climate of the United States," in the U. S. army it has been observed, that, the ratio of the disease in the third quarter of the year is more than three fold that in the first, and more than twice as high as that in the fourth quarter. When it prevails epidemically it is generally confined to small portions of country. We witnessed its dreadful ravages in our own state

in a portion of country remarkable for its exemption from disease. Its limits were circumscribed. In one family in the course of two weeks nine persons died. The cause was attributed to a very large heap of vegetable matter undergoing decomposition: as soon as it was removed the disease ceased. Out of another family one died — there were about thirty five sick at nearly the same time. In another family, numbering twelve persons all died but two. The disease in these families, was supposed, by the attending physicians, to be caused by the use of very impure spring water.

Treatment. — In the treatment of this disease it is absolutely necessary for the physician to be always vigilant — he should not manifest the least disposition to disregard any symptom; for often the symptoms creep on by degrees and while the patient appears to be convalescing rapidly,

all at once the violence of the disease is made known by the manifestation of ardent fever, excruciating torminia, accompanied by frequent discharges, mixed with blood and lymph. At such a critical period every hour is precious and the recovery of the patient depends, almost exclusively, upon the skill and firmness of the attending physician.

It is evident that no routinist can succeed in the treatment of the disease under consideration.

Hence, the absurdity of getting pills from quacks to be exhibited in every form of the complaint. In the first place, it is important to diagnose the case properly; for much depends upon the fact of the complication or non-complication, of all diseases. We should ascertain whether there are any typhoidal symptoms: And upon the correct decision of this question will depend the success of our practice. If, after a case =

ful survey of all the symptoms, we have reason to believe the disease is uncomplicated — supposing the patient to be plethoric, the first indication would be blood-letting. Hence, as in all inflammatory complaints, we should not be regulated by any particular quantity of blood, but we should bleed for effect. Having recorted to venesection, our next object is to remove all irritable matter from the intestine. An experienced and distinguished practitioner recommends purgative pills, consisting of a combination of aloes, blue mass, scammony, and gamboge. Judging by his success in the treatment of this disease we are induced to believe it an excellent combination. After this give a very large dose of opium. Drs. Stokes and Cheyne state, they attribute the most decided alleviating influence to opium. If it become necessary to operate again administer saline cathartics. If there is any tender place in the region of the

abdomen, we cup, leech, and poultice. Blisters
can not do any good, but often they do abso-
lute injury. In the advanced stage we should
frequently use injections of cold water, starch
and laudanum and large mucilaginous eme-
meta to relieve the tenesmus. If the disease
is connected with miasmata, quinine is the
important remedy. Strict attention must be
paid to diet — the debility must be counter-
acted by animal broths, rice and wine-
cheese.

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