

AN
INAUGURAL DISSERTATION

ON

Dysentery or Colorectitis

SUBMITTED TO THE

PRESIDENT, BOARD OF TRUSTEES,
AND MEDICAL FACULTY

OF THE

UNIVERSITY OF NASHVILLE,

FOR THE DEGREE OF

Doctor of Medicine.

BY

Richard W. Hiles

OF

Gunston Green Co Ga

1857-58

W. T. BERRY AND CO.

BOOKSELLERS AND STATIONERS, NASHVILLE.

Dysentery or Colorectitis 7th

Gentlemen In accordance to the rules of the institution I place before you for your inspection my opinion of Dysentery

Dysentery maybe either acute or Chronic. The acute of the disease is that which I propose to treat of on this occasion. Acute Dysentery is found to exist with different degrees of intensity from the slight Sporadic case in which the general health is but little deranged and but little danger to be apprehended from To the wide wasting epidemic which has proved to be the scourge of fleets and armies. I shall present a sketch of as mild a form as the disease is almost ever observed to wear. A case of this description is usually

2nd

characterised by small mucus or bloody evacuations; griping pains in the abdomen and tenesmus. But the pain is irregular in its position and period of recurrence and attended with discharges from the bowels by which they are partially relieved. And after a very short time there is a burning sensation or weight which some times amounts to severe pain in the region of the rectum with a frequent desire to stool without the ability to evacuate any thing more than blood and mucus. The feeling of tenesmus increasing to such an extent that it becomes the most striking feature of the disease, the abdominal pains and uneasiness appearing to concentrate themselves in the region of the colon and Rectum

and the call to stool is almost incessant attended with much straining and is followed with only partial relief. The discharges are very offensive and cause a burning sensation in the lower part of the Rectum. After three or four evacuations which are generally fecal the discharges are small either mucus or mixed with blood which sometimes amounts to Hemorrhage. The Bladder and urethra frequently sympathize with the Rectum. In addition to tenesmus there is difficult Micturition. There is a swelling in the abdomen which may be ascertained together with the extent of the inflammation in many cases by pressing on the Bowels in the course of the Colon. There is always fever except

in very slight cases. The pulse accel-
erated and usually somewhat full
and forcible. The skin hot and
dry urine scanty. The tongue
moist and covered with a white
mucous coat or it is dark and
dry and some times fissured. The
Secretion of Bile in some cases
is diminished and in severe cases
the vital forces sink temporarily
under the impression made on
the nervous system and the patient
experiences an indelible sensa-
tion of sinking in the abdomen
with a cold clammy skin a feeble
and almost threadlike pulse and
some times nausea and vomiting
This condition however passes over as
the acrid discharges descend. In

5

The simple form of the disease above described vomiting is not frequent and the symptoms of cerebral derangement are still less. So in a vast majority of cases.

Prognosis is generally favorable. The disease takes a favorable turn between the sixth and tenth day, and the patient gradually recovers from the violence of the attack though much emaciated. When the nervous system gives way to the violence of the disease and the patient has throughout a very small feeble and frequent pulse and is somewhat livid or purple under the eyes, about the lips and the root of the nails and at the same time there is

an extraordinary violence of all
the local symptoms with much
Tormania and Tenesmus and an
almost incessant discharge with a
tense and tumid abdomen and
great tenderness on pressure
Such cases generally prove fatal in
a few days and are likewise
very rare and usually accompany
an epidemic Dysentery Typhoid
and Typhus Febris.

Pathology. Dysentery is inflammation
of the mucous membrane. And
some times the cellular and mus-
cular coats are involved causing
a violent contraction of the intes-
tine which was at one time
attributed to the accumulation
of Sybala in the convolutions of

7^m
the large intestines. But the presence of scybala is most generally found to exist after the cellular and muscular coats are involved in inflammation hence scybala is the consequence and not the cause of inflammation in a majority of cases. But when the muscular coat is once involved the contraction of the muscular fibres forms Rugae in the mucus coat and the acid matter is retained and keeps up the existing inflammation.

Causes of Acute Dysentery

The chief causes of acute dysentery are exposure to cold damp air acid indigestible food too the presence of Spiritous liquors and Malarious

8th

exhalations Dr Donald Monroe
whose experience was very extensive
attributed its production to obstructed
perspiration and exposure to putrid
effluvia. It prevails most in autumn
and makes its appearance as an
epidemic in some localities

Treatment As Dysentery origi-
nates from different causes as a
matter of course the treatment
must be modified according to
the cause the stage and peculiar
constitution of the patient. If the
disease originates from irritating
particles being left in the mucus
foalds it follows as a matter of
course some mild cathartics should
be used. Such as Magnesia Sulphus
from the fact of its action being

principally on the Small intestines
 as a revulsive and causes a large
 quantity of mucous matter to be
 thrown off and forms a coating
 for the inflamed surface of the
 large intestines. But the great dif-
 ficulty in using cathartics is that
 they cause violent contraction of
 the intestines and the suffering
 of the patient is greatly increased
 by the action of the Medicine
 Medical aid however is frequently
 not sought untill this stage is passed
 consequently the Physician has only
 to contend with simple colic
 Great advantage will be derived
 from Leaches to the Anus and along
 the course of the colon with Sinapism
 to the Spinal column. Opium should

Then be administered in very large doses so as to relieve the violent contraction of the muscular fibres of the intestine and allay the irascibility of the mucous membrane I believe that Opium is the sheet anchor of the practitioner in Dysentery at all events I have found it to be such in an epidemic which prevailed in the region of Country in which I have lived for the last two years. I believe Dr Bell is correct in his remarks on Opium in the Annals of Medical Science in which he says Opium may be used in very large doses in inflammation of the mucous membrane without the poisonous effects being developed

and I think with the best effect. I do not recommend opium to the exclusion of every other remedy. For Mercury is a valuable remedy. In some cases where there is derangement of the secretions. In certain stages of the disease where the skin is hot and dry with considerable febrile excitement the use of anodynes in combination with mild Sudorifics should be used. Nitrate of Silver is also a valuable remedy. I saw it used in one case by my Preceptor with apparent great advantage which had resisted every other remedy. It was used in 8grs to the ℥ of Aq water used as injections it acted like a charm in relieving Formania and Tenesmus. The recovery

was slow but steady. Various other
 astringents may be used with
 decided benefit such as Tannin
 Kino and catarrh. Anodyne
 embrocations and embrocations
 to the spinal column together
 with large emolient enemas
 may be used with great advantage
 and they add greatly to the
 comfort of the patient when the
 inflammatory symptoms have been
 completely subdued and there are
 no longer any Tenesmus and Forman
 And if the patient remains feeble
 gentle tonics such as Cinchona
 or Columba with the addition
 of *Oil Vitrol* may be used with
 decided benefit to the patient
 and the state of the Bowels should
 be carefully regulated during convalescence