

AN
INAUGURAL DISSERTATION

ON
Epidemic Dysentery

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BY

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I propose in the present
Dissertation to give an account of
Dysentery as it prevailed Epidemicly
in Simpson County Kentucky in 1853
and 1854. A Short History of
this Disease as it approached the
section above alluded to may not
be uninteresting. In 1852 we first
hear of its ravages in the Red
River Valley. It prevailed there to
A fearful extent during the hot
months of Summer and gave way
as the cool days of Autumn
approached. The boundaries of its
more severe character was small and well
defined but ~~for~~ those limits there were
cases occurring of A more mild and
different type. Such cases occurred
principally East of the section most

severely affected. The ensuing year (1853)

The Disease again prevailed with great violence but leaving the neighborhood first attacked and fastening itself upon the section already spoken of as being subject to the Disease in a modified form. The affection took a similar course to that of the preceding season in every particular - being fearfully fatal where the poison appeared to be concentrated and also affecting slightly the neighborhood East and north Warming as it were the inhabitants of the dreadful scourge with which they were afflicted the following year. I will in the first place consider the Disease as we saw it in 1853 and then in 1854 for although the same affection and in

doubt depending upon the same
cause yet there was such a contrast
in the symptoms and type also such
differences in the indications of treat-
ment that each require a separate
consideration. For the purpose of
comparison it will be necessary to
enter more into detail than would
otherwise be necessary in describing
the first variety.

In 1843 we had quite
an open well developed Inflammatory
form of this Complaint. There was
in some cases at the commencement a
distinct chill or rigor followed in a
short time by high reactionary Fever
and the peculiar symptoms of the
Bowel that characterized the Disease
In others there was no distinct rigor

but merely chilly sensations alternating with flashes of heat after which the Fever would soon be established.

In the great majority of instances however the local and constitutional symptoms would manifest themselves at the same time. Whether the Fever came on before or after the local symptoms it was generally of a very high grade though proportionate to the Inflammation of the Bowels.

The pulse generally ranged from 100 to 120 full tense and bounding - ~~The~~ hot and dry. The Tongue coated with a white fur - red at the tip and edges with numerous red points over its surface. There was pain in the Head Back and limbs but not so severe as might have

been anticipated from the amount of febrile commotion in the system.

There was an entire absence of Appetite even at loathing of Food also constant and insatiable Thirst - Always intense pain in the Bowels most usually confined to the track of the Rectum and Descending Colon sometimes extending to the Transverse and even in the most severe cases extending to the Ascending portion of this Bowel Vomiting and Tenesmus was never absent. The Discharges from the Bowels were very frequent amounting to 40. 50 or even 55 in the course of twenty four hours. In ordinary cases however the Patient would be much troubled with the frequency of the Discharges for it

few hours when he would become quiet
the result of Sedative Medicines
or the more free discharge of the
acid secretions of the Intestinal
Canal that served by their presence
to keep up a constant irritation
in the Lower Bowels. The Excretions
consisted of Bloody Mucus sometimes
a considerable quantity of Blood
being discharged at others mucus strewed
with Blood. At all times the
Blood was of a peculiarly Red
florid appearance. After the first
few discharges Feces were never
voided except from the action of
Purgative Medicines. The presence of
Sagula is a symptom on which
much stress has been laid by some
writers as frequently having great

influence in the production of this
Disease. We observed it in but few
cases and when we did were led to
believe the scybula was formed after
the affection was established, never
having observed it until the Disease
had been in progress for some days.

In this form of Dysentery we
never saw purulent matter in the
discharges or had reason to believe
ulceration had occurred. We may
readily conceive this would have resulted
if the high degree of Inflammation
existing in the Bowels had not been
early subdued. The secretions of
the Liver and Spleen was generally
deficient. The Bladder often particip-
ates in the irritation more especially
in females so we had Strangury

superadded to the other painful symptoms

The foregoing applies to rather the more severe form of Dysentery as it occurred in 1843 but we had every conceivable grade from a severe and dangerous affection to one so slight as not to interfere with the ordinary avocation of the Person affected

An occasional complication deserves passing notice It was sometimes connected with Intermittent and Remittent Fevers which would readily yield to Quinia

If such cases were not relieved and in other cases without the least Premorition a case would take on what is denominated a Congestive Chills If such cases resulted from the first Paroxysm the Patient could be relieved by enormous doses of

Quinine. But from the fact the Physician was not prepared for the complication at least half so attacked died.

It is unnecessary to say any thing in regard to Diagnosis or Prognosis as there was no danger of mistaking this Disease for any other - The Prognostication was always favorable except in the complication before alluded to.

In reference to the Cause of Dysentery the Sporadic form of the Disease may no doubt ^{be} thought ^{on} in persons predisposed to the complaint by many things - almost all the ordinary causes enumerated as the causes of the ordinary Phlogmasia may under some circumstances produce

it. Any thing that produces
Congestion of the Spleen leading as
A necessary result to congestion of the
large blood vessels supplying the lower
bowels, will have great tendency to create
Inflammation of that portion of the
Intestinal Canal. But our more imme-
diate enquiry is - what is the cause
of Epidemic Dysentery? what do we
know in regard to the Poison or Miasm
that produces Disease of an Epidemic
character - absolutely nothing. Although
we are not informed as to the essential
elements of this Poison yet we are
convinced by observation of some pecu-
liarities in Diseases arising from this
source differing from all others - one
of the most prominent of these is
the dissimilarity of all attacks

or constitutions is displayed in some prominent symptom and also the very great modification required for the successful treatment of Diseases of this class. The question as to whether it be contagious or not was formerly much discussed but now the great mass of Medical men oppose the origin of its being contagious. We are certain we never saw any evidence whatever that would lead us to believe the disease contagious at least in the Epidemics of which we are speaking. There appeared to be in the Atmosphere A peculiar Miasm or Poison or anything we may please to call it which was both predisposing and exciting Cause - It seemed to have no other origin.

so in addition we had irritation
produced by the cathartics used
calling off excitement from the affected
to other portions of the Bowels

After sufficient depletion by Bleeding
and purging if tenderness remained
in the bowels Blisters were resorted to
and always effectually relieving the
remaining tenderness. Opium was given
to some extent to relieve pain when
indicated but the other measures just
referred to was generally sufficient for
that purpose. The Bowels throughout
the course of the attack were moved
by aperients once or twice a day.

The Malarial Complications as already
stated were treated by large doses of Quinine.
The above is the plan which we
followed successfully in combatting

Sydney in 1843. we now pass on
to the Dyschoic variety as it occurs
in 1844

Symptoms - The symptoms
of this Epidemic differed essentially
from those presented by the Disease
the preceding year. The pulse (which
was the only sign that indicated
danger to me unaccustomed to observe
the affection) was generally found
even at the commencement 130 or 140
weak quick and throbbing and
before the close as frequent as 150
or so fast that it could not be
counted. The Tongue coated with a
brown fur of a fiery redness at
the tip and edges - dark scroles
collected on the Teeth and Gums.
The patient did not complain of

Much pain or uneasiness etc.
She appeared to be entirely uncon-
scious of his danger and entirely
careless as to the result. The discharges
from the Bowels were not frequent
amounting in the worst cases
often to not more than 5 or 6 in
twenty four hours. There was but
little Fermina or Ferussinus complained
of. The Discharges consisted of
Mucus and dark Blood or serum.
These were more commonly Es-acuated
than in the other variety. indeed
there often appeared to be a tendency
to Scirrhus in conjunction with
the Colitis. There was but little pain
or tenderness on pressure along the
tract of the rectum or colon.
Although there was but little

desire for Food yet there was not
present that scathing of articles
of Diet presented to the Patient that
was observed in all cases of any
severity previously. The Person could
readily be induced to take food
when required. But little thirst
was complained of. The skin and
Kidneys were most usually deficient
in their functions. Though towards
the close of an unfavorable case
the Body was always bathed in
cold clammy perspiration which was
very copious. On the other hand
in more favorable cases the Kidneys
very frequently acted excessively
producing what is called a critical
Discharge. The Intellect remained
unimpaired until the stage of delirium

all cases were not as severe as
here represented there as in the first
variety we had all grades

It is a remarkable fact that the
danger was in an inverse ratio to
the pain complained of. In the
dangerous cases there was considerable
pain complained of the discharges
were more frequent greater thirst
less appetite in fact all the
symptoms but the pulse indicated
more danger than in the most severe
attacks. The most intractable cases
generally proved fatal in from three
to five days if proper measures were
not early resorted to. When we place
the time of this unfavorable termi-
nation at ~~from~~ three to five days we
have reference to the time the

Patient would take his bed for it was not unfrequently the case she would be up until within a few hours of collapse having as he would think but slight symptoms of the Disease our Prognosis was influenced more by the stage in which we saw the Patient than the severity of the attack For the most severe could be relieved generally if subjected to early treatment while on the other hand the mildest apparently was liable if neglected to take on a most Malignant type

There was great mistrust of Medical skill and consequently the Physician was often called to a Patient ^{until} in a stage of collapse This in

part accounts for its Fatality

The Treatment differed greatly from that of the Epidemic of 1853. In fact an entirely opposite course had to be pursued. Bleeding not admissible in a single instance even active Cathartics as a general rule were not well borne producing great prostration a symptom we had always to guard against.

Always we gave a mild laxative as a aperient in the beginning. For this purpose we most usually used Castor oil and Turpentine regulating the dose to the age of the Patient and the amount of purgation we wished to produce. If there was much irritability of

the small Intestines with a
Pendency to Diarrhea we were in
the habit of giving a few drops
of Laudanum with the oil with
advantage After clearing out the
Bowels the oil or spirits of Turpe-
ntine was given regularly every three
hours This was given on account
of its stimulating properties and
also because of its known efficacy
in affections of the mucous membrane
of the Bowels It was generally
administered in Mucilage - at the
same time The Patient took food
as regularly as the Turpentine every
three hours - in the intervals If it
could be procured Mutton soup
was given if not Boiled Milk was
recommended in its stead Blisters

could not be applied in the lowest forms of this complaint but poultices were of benefit. It was unnecessary to give opiate here. The Patient did not complain of pain the Discharges from the Bowels were not very frequent and there was no indication for it in any symptoms existing here. In the stage of collapse the usual methods were resorted to but very often without success.

The above was our Treatment for the worst forms of this fatal form of Flux first Lavature. Turpentine and a supporting Diet. In other cases not so dangerous but apparently more severe some modification in the Treatment was demanded if there was much force of Pulse much

Farina and Zenermus complained
of with more frequent ^{the} Urine
Discharges. We were in the habit
of prescribing Laudanum Opus
an Oreta preparata in combination
with good results at the same
time we blistered the Abdomen.

There were many remedies used
in Domestic Practice and Empirically
but with bad success it is therefore
unnecessary to say any thing in
regard them. The plan we have here
detailed we know would relieve
in almost all cases if resorted to
early in the attack.