

AN
INAUGURAL DISSERTATION

ON

Colitis.

SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY
OF THE

University of Nashville,

FOR THE DEGREE OF
DOCTOR OF MEDICINE.

BY

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OF

Yemmellet

1855.

W. T. BERRY & CO.,
BOOKSELLERS AND STATIONERS,
NASHVILLE, TENN.

= Colitis =

Colitis, or bloody flux, is inflammation of the mucous membrane of the Colon, or Rectum, characterized by small mucous, or bloody evacuations - griping pains in the abdomen, straining at stool, & tenesmus. The disease may occur with, or without preliminary symptoms. In the former case it is preceded by general uneasiness - lassitude, impaired appetite, dull or transient pains in the abdomen, costiveness, or diarrhoea, & other evidences of moderate intestinal irritation. Sometimes the local

symptoms make their appearance before those of a general character, & in very mild cases, of moderate extent, the disease may run its course without fever. Sometimes the local, & Genile phenomena commence simultaneously, the patient being attacked with a chill almost at the moment that he begins to complain of pain & tenderness, & again, the fever often precedes, and occasionally for a considerable period, any evidence of disorder in the bowels.

We are presented, in different cases of flux, with a regular gradation in severity, from a very slight affection, to enjoying a very small extent of the rectum, & Colou,

unattended with fever, & passing off in two or three days, up to one of the most violent and dangerous forms of disease to which the human frame is liable,

In a case of simple, uncomplicated flux, these are usually in the commencement, gripping pains in the abdomen, technically called Tomming, irregular in their position & periods of recurrence, and attended with discharges from the bowels, by which they are partially relieved. After a very short time, a sense of weight, burning, or other uneasiness is experienced in the rectum, with a painful & frequently returning inclination to go to stool, without the ability

To evacuate any thing more than
a little bloody mucus, The calls
to stool are very frequent, in some
cases almost incessant, & are attended
with much straining, so much so as
sometimes to produce prolapseria;
The passages are seldom less than
a dozen in twenty-four hours, and
sometimes in very bad cases have
been known to amount to fifty,
or one hundred. After the first
few evacuations, which are of the
most or less fecal, the stools
are very small, & consist of trans-
parent or whitish mucus, or of
mucus mixed with blood,
& some times of almost pure blood.
At first the discharges have but
little smell, but after a time.

They require a disagreeable odour, which is a very offensive, both, to nurse & physician.

The bladder & ureters sometimes sympathise with the rectum, & along with the testes and there is frequent & difficult micturition.

There is generally more or less tenderness in the abdomen, & the extent of the inflammation upwards, along the colon, can sometimes be traced by ascertaining in what parts pain is produced on pressure. When the tenderness is observed across the epigastrium, and along the right side, there is reason to believe that the inflammation has reached the transverse and

ascending colon, & that the whole
of the large intestines are involved.

There is always fever, except in cases
of very small extent. The pulse is -
accelerated, & usually somewhat full &
forcible. The skin warm & dry, the urine
scanty. The tongue moist & covered
with a whitish fur.

In the majority of cases, the disease
takes a favourable turn between
the sixth, & tenth day, & the patient
recovers. Sometimes, however, from the
extent, & violence of the inflammation,
symptoms of depression appear at
the end of it, & the system never
fairly recovers.

Jaeger much more commonly occurs
from a continuance of the disease, in
ordinary cases, beyond a week or ten

days, should the symptoms not give way by that time, they are all apt to become aggravated. The vomiting & tenesmus increase, the abdomen becomes swollen, & more tender, the discharges more frequent, the pulse more weak & rapid - the tongue becomes more dry & brown, or throws off the fur, & becomes Red, smooth, & sometimes gashed.

Colitis, is not a contagious disease, but is supposed to be infectious, the same cause producing it in different individuals, but not imparted from one to another, it attacks persons of both sexes & all ages, who are exposed to its causes.

Treatment of colitis - or Flux,
- a great variety of Remedies
have been employed in this disease,
& very different Plans have been
found successful under different
circumstances. To be rational,
The Treatment must vary with the
The degree of violence in the disease,
The existing state of system - and
The diversities arising from associ-
ated affections. In ordinary, unco-
mplicated colitis, the indications
are simply those presented by
inflammation in general. Tho'
some are more than usually prominent,
as the relief of pain & distress, &
The removal of causes of irritation
whether applied directly to the affected
part, or consisting in a congested

State of the portal circulation.
Bleeding - is a valuable Remedy
if judiciously employed, but
great prudence should be adopted
in its employment, In violent
inflammatory cases, threatening
immediate danger, if not relieved
& especially in persons of vigorous
constitution or plethoric habit of
body, where there is much pain
& tenderness of the abdomen,
& considerable febrile action,
it may be necessary to bleed
largely at once, It is seldom
necessary to bleed in the advanced
stages of *Y. H. u.*, what ever may
have been its previous character,
Emetics - are often serviceable at
the commencement of the disease,

and when given at its outset, will sometimes effect an immediate cure. They are early indicated when the stomach is loaded with acid accumulations of any kind, as shown by epigastric oppression - nausea - eructation of bile or other irritating matter, & frequent but ineffectual efforts to vomit, without the pain & tenderness of gastric inflammation.

Spicaeantra - either alone, or in combination with Carbonized Antimony is beyond all doubt is the very best article to be used.

Cathartics - are among the most efficient Remedies. One of the most prominent indications in flux, is to free the bowels

from irritating secretions & accumulations - a second is to diminish congestion in the portal circulation, & both are best answered by this class of medicines,

But it is necessary to use discretion both in the selection of the articles & in the circumstances of their application. Frastic purges do more harm, by irritating the inflamed membranes than they can do good by their evacuating effect. Laxatives - therefore - or the milder purgatives should always be preferred. Nor is it advisable in all cases to persevere with them until feculent discharges - & especially consistent feculent discharges are obtained.

Another important object in the use of purgatives, is to unload the portal veins. The capillary circulation in the liver is often sluggish, & in many instances the secretion of bile seems to be suspended. Blood therefore accumulates in the veins proceeding from the abdominal viscera, & must press injuriously upon the capillaries of the bowels.

For this reason Calomel, or Blue mass is the very best article to be used. It is desirable that one, or two evacuations, should be obtained daily, or every other day, of such a character as to evince that they have come from the upper bowels. After the first evacuations our purpose may be served by the use of castor oil - Combining a small

amount of Spirits of Turpentine - or
Turpentine & Laudanum. It is very
desirable that the patient should
rest, & sleep during the night,
for the accomplishment of which,
it is best to give Opiates - and
astringents during the day & night,
& work them off every morning
with oil. An excellent plan, is
to give Blue Mass - Opium - and
gum camphor - in pill - every
4, or 6 hours, through the day, &
if no operation from the bowels
by the next morning, work off with
oil.

In some cases, great Relief
is obtained from large emollient en-
emas - or injections of acetate of lead
or opiate suppositories.

warm, or cold hip baths. —
When there is much pain, or swelling
in the abdomen, cups or leeches
are very appropriate. They should
be applied along the colon,
also Emollient poultices. Fomenta-
tions — Rubefacients and anodyne
embrocations — & Blisters.

Diet = In very light cases,
without fever, — solid farinaceous
substances — such as boiled Rice,
Stale bread, & crackers, may
be allowed, but in febrile
cases, at least in the early
Stage — the diet should consist
exclusively of Mucilaginous,
or farinaceous drinks, which
may be rendered more palatable
by sugar.

and Lemon juice, if
the patient desire it.

In consideration the patient
should, as a general rule,
be confined to milk,
butter - & farinaceous
substances, until Recovery
is confirmed.

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