

AN
INAUGURAL DISSERTATION

ON

Colo.-Proctitis.

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Colo-Rectitis

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This disease, better known as dysentery, is an inflammation of the colon and rectum, characterized by frequent mucous or bloody discharges, and prevails more extensively in the Summer season.

Its acute stage is manifested by a variety of symptoms, - the patient being sometimes attacked with diarrhoea which terminates in dysentery, attended by severe tormina and tenesmus, a frequent pulse, dry skin, and an anxious countenance; or his bowels may have been constipated, he being unable to pass anything from them, besides a small quantity of feculent matter, mingled with blood and mucous. These cases, after a short time, are accompanied by the same symptoms, as the first described. In all, the discharges are very frequent - numbering from ten, to one hundred within twentyfour hours.

Fever is a general attendant upon cases of considerable extent. The pulse is accelerated, and usually somewhat full and forcible, the skin warm and dry, the urine scanty, the tongue moist and covered with whitish fur. The secretion of bile is generally diminished.

If the disease does not take a favorable turn about the eighth or tenth day, typhoid symptoms begin to supervene. The patient is listless, takes no notice of what is passing around him; the tormina and tenesmus increase; the abdomen becomes swollen, and more tender; the discharges more frequent; the pulse weaker, and more rapid; the tongue assumes a dryish, or brownish appearance, or throws off its fur and becomes red, smooth, and sometimes gashed; the stools are more copious and offensive, and, instead of consisting exclusively of mucous or blood, are mixed with faecoid matter, or vitiated secretions from the upper

bowels. Even after the worst of these symptoms, however, the patient may recover, though the convalescence is usually tedious, and the case not unfrequently runs on into the chronic form.

Colo-rectitis is often associated with other diseases, and among them we may place remittent, and intermittent fevers, as common complications. These cases may be distinguished by their paroxysmal tendency—the fever aggravated every day, or every ~~day~~ other day, relaxes or intermits in the interval; the dysenteric symptoms undergoing to a certain extent the same change. The appearance of perspiration at the subsidence of each paroxysm is another reliable diagnostic symptom. The diagnosis of these cases is important, and should be correct, because essential to the proper course of treatment.

Writers ^{make} many other divisions in discussing this disease, but as the treatment is not

materially aided, we omit them, and proceed to the prognosis which, after a persistence of more than twelve or fourteen days, is exceedingly unfavorable—particularly, if there is no abatement of the symptoms. But when seen early, and of ^{the} Sporadic variety, it will generally yield to proper treatment. In these cases the discharges become less frequent, more normal in color and consistence, and are unattended with so much pain; the tongue cleans off, and becomes moist, the pulse sinks to its natural standard or nearly so, the breath is less fetid, the appetite returns and is occasionally too exacting, and the skin is again moist and pliant.

The causes of Proctitis appear to be various. By many it is regarded as a contagious affection, and from the number of cases we sometimes see in the same

family, it does really appear to be the case; but I think the contagion depends upon an association of typhoid, which is acknowledged to be contagious, with the inflammation of the bowels. Exposure to cold when the surface is in a hot and perspiring condition has been known to produce it, and it has also been attributed to exhalations from putrid animal substances, and to vegetable miasm. I think however that its attacks are most generally owing to a peculiar predisposition on the part of those attacked, which renders them more susceptible of this particular inflammation when exposed to agents capable of engendering it. For how else can we account for its attacking one or two members of the same household, and leaving the rest unmolested when all

were originally exposed alike. Some might wish to attribute the discrepancy to an asthenic condition on the part of those attacked, but this can not be true, as we do not find victims among the weak alone. On the other hand, the robust and athletic man is often prostrated by the side of the delicate female, or the helpless babe. Substances directly irritant in their action on the bowels are often exciting causes. Among these may be mentioned unripe and acid fruits, ripe fruits in large quantities, vegetables of difficult solution in the stomach, and unwholesome and indigestible food of all kinds; acid, and imperfectly fermented alcoholic drinks, such as cider, weak wines, malt liquors, &c; drastic purges; worms, and feculent accumulations in the large intestines.

In cases of death from colo-rectitis, a post mortem examination will always reveal signs of inflammation of the mucous membrane of the ~~stomach~~ rectum and lower portion of the colon. The membrane is much reddened and thickened, and not unfrequently ulcerated.

Ulcers, in fact, exist in this disease much more frequently than in any acute inflammation of the alimentary canal, unless in the enteric affection of typhoid fever. They 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 instances the redness, thickening, and ulceration extend beyond the mucous membrane, and sometimes involve the whole of the parietes of the bowels unless, it may be, the peritoneal coat.

In other cases, evidences of inflammation have been found extending throughout the colon into the small intestines, and it is said, even to the stomach.

The treatment for colo-rectitis is now to be considered, and here we find such an array of remedies, that the Student is almost astonished when he finds that anyone should ever lose a patient with dysentery. Bleeding, they say, is very necessary if the patient be seen early—imperatively so, when there is fever conjoined with much tenderness and inflammation of the affected parts. Now I admit that when employed in such cases as call for it under the last proposition, the practice is a good one; but in general, I think it a dangerous expedient. For we seldom find the inflammation so high in the

early stages that we can not combat it effectually by more mild means, and such as will not so much reduce the patients strength— of which we will find him sadly in need, if he should have a protracted illness. In many cases too, the latter stages of this disease, seem to partake ~~to~~ of a typhoid nature, and then the patient will greatly want the sustenance of which the lancet has deprived him.

Emetics are highly beneficial when the stomach is loaded, and the patient is seen early, but in the majority of cases, the physician is called too late to derive much advantage from them. Of the various articles employed for this purpose, ipecacuanha is now generally preferred, and from its mildness as well as efficiency, deserves the preference.

Purgatives come next, and in them lie our main reliance. We have seen that it is a disease of the bowels we are ^{dealing} with, and to them we should direct our remedies, in such a manner, as will most effectually relieve that pathological condition, upon which the derangement depends. To free the bowels from irritating secretions, and diminish portal congestion, are two prominent indications, and both are met by this class of medicines. Therefore, if the inflammation is not too high, as manifested by fever, and tenderness in the inflamed region, we would deem it necessary to give nothing more than an ordinary dose of castor oil, or sulphate of magnesia, with or without twenty drops of laudanum according to the particular case.

If there is a high degree of inflammation, a dose of calomel or blue mass may be given and followed in a few hours with a brisk purgative. Where the lancet might be used if there is nothing to contraindicate it, and should this be the case, that is, should the constitutional condition of the patient forbid the general abstraction of blood, we may apply leeches or cups locally, and follow them with warm fomentations or emollient cataplasms. Blisters over the abdomen have a very happy revulsive effect, but they should ^{never be} ~~employed~~ until after sufficient depletion, either general, or local.

In addition to the above, we would give four grains of calomel, and six of Dover's powders every three hours until the

discharges ceased to be of a bloody character, and were unattended with such severe tormina and tenesmus; or, if these latter were unusually distressing, we might alternate the dover powders with a grain of opium, giving calomel as before.

If the disease continued longer than three or four days, the bloody evacuations &c. persisting, we would resort to injections of nitrate of silver, or sulphate of zinc. For this purpose, we would use from six to ten grains of either of ^{the} above named articles, to the ounce of water, and throw up into the bowels five or six ounces at a time through a gum elastic catheter, introduced as high as the sigmoid flexure of the colon.

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